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**FLORIDA LIMITED LIABILITY CO.
Restoration and Rehab of Central FL, LLC**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
RESTORATION AND REHAB OF CENTRAL FL, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company is Restoration and Rehab of Central FL, LLC (the "Company").

**ARTICLE II
DURATION**

The period of duration for the Company is perpetual.

**ARTICLE III
ADDRESS**

The mailing address and street address of the principal office of the Company is:

15275 Collier Blvd #201/326
Naples, Florida 34119


**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The initial registered office of this Company shall be HL Statutory Agent, Inc., 5811 Pelican Bay Boulevard, Naples, Florida 34108, and its initial registered agent at such office shall be HL Statutory Agent, Inc.

**ARTICLE V
MANAGEMENT**

The Company is a manager-managed limited liability company.

Dated effective as of January 23, 2019.



Juan D. Bendeck
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the Company is Restoration and Rehab of Central FL, LLC
2. The name and address of the registered agent and office is:

HL Statutory Agent, Inc.
c/o Jeffrey M. Folkman, Esq.
5811 Pelican Bay Boulevard, Suite 650
Naples, Florida 34108

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 605 of the Florida Statutes.

Dated effective as of January 23, 2019.

HL Statutory Agent, Inc.

By: Jeffrey M. Folkman
Jeffrey M. Folkman

Its: Vice President