

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000067751
FILED 8:00 AM
March 11, 2019
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

TOTAL HABILITATION THERAPY SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4701 NW 37TH WAY
GAINESVILLE, FL. 32605

The mailing address of the Limited Liability Company is:

4701 NW 37TH WAY
GAINESVILLE, FL. 32605

Article III

Other provisions, if any:

PROVIDE CONSULTING AND ACTUAL OCCUPATIONAL THERAPY FOR THE
ENTIRE STATE OF FLORIDA.

Article IV

The name and Florida street address of the registered agent is:

DON W TOLLIVER
53 BRIDLE GATE DRIVE
CRAWFORDVILLE, FL. 32327

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.

Registered Agent Signature: DON W TOLLIVER

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
PATRICIA A MILLS
4701 NW 37TH WAY
GAINESVILLE, FL. 32605

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Article VI

The effective date for this Limited Liability Company shall be:

03/09/2019

Signature of member or an authorized representative

Electronic Signature: PATRICIA A. MILLS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.