

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

**L21000238749
FILED 8:00 AM
May 21, 2021
Sec. Of State
smharris**

Article I

The name of the Limited Liability Company is:

BB ACTIVE REHAB LLC

Article II

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

4845 POND PINE WAY
GREENACRES, FL. 33463

The mailing address of the Limited Liability Company is:

4845 POND PINE WAY
GREENACRES, FL. 33463

Article III

Other provisions, if any:

THERAPIST

Article IV

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

ADVANCED ACCOUNTING & TAX OPTIONS LLC
6685 FOREST HILL BLVD
SUITE 211
GREENACRES, FL. 33413

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: ALTHEA ADAMS

Article V

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

Title: AMBR
BRIAN A VIADO
4845 POND PINE WAY
GREENACRES, FL. 33463

Title: AMBR
BENSON BAGASAN
2746 POINTE CIRCLE
WEST PALM BEACH, FL. 33413

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Article VI

The effective date for this Limited Liability Company shall be:

05/20/2021

Signature of member or an authorized representative

Electronic Signature: BRIAN VIADO

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.