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Account Name : BELTRANO & ASSOCIATES

Account Number : 120010000166 Phone : (561)799-6577 Fax Number : (561)799-6241

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EMBIL Address: SERVICE & BELTRANOLAW. CON

FLORIDA LIMITED LIABILITY CO.

THOMAS BENSO, DPT, LLC

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ARTICLES OF ORGANIZATION OF THOMAS BENSO, DPT, LLC

ARTICLE I - NAME

The name of the limited liability company is THOMAS BENSO, DPT, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 3957 Whale Boat Way Wellington, FL 33414

Mailing Address: 3957 Whale Boat Way Wellington, FL 33414

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Aldo Beltrano, Esq. 4495 Military Trail, Suite 107 Jupiter, FL 33458

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 compléte 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, F.S.

Aldo Beltrano, Esq., Registered Agent

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR.

Thomas Benso

3957 Whale Boat Way Wellington, FL 33414

ARTICLE V - EFFECTIVE DATE

The effective date of the limited liability company shall be the date of filing.

ARTICLE VI - PURPOSE

The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the State of Florida.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the

... Department of State constitutes a third degree follows as provided for in \$817,155, FS...

Thomas Benso, Authorized Representative
Typed or printed name of signee

FILED

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