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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC Account Number : I20050000118 Phone : (305)774-9606 Fax Number : (305)774-9660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. PHYSIOCARE FOR U, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF PHYSIOCARE FOR U, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

PHYSIOCARE FOR U, LLC

ARTICLE II - ADDRESS:

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

PRINCIPAL ADDRESS:

10630 NW 88t Street, Apt 208

Doral, FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: ANA CECILIA DI CARLO

ANA CECILIA DI CARLO 10630 NW 88th Street, Apt 208 Doral, FL 33178

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, F.S.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE:

NAME AND ADDRESS

MGR

ANA CECILIA DI CARLO 10630 NW 88th Street, Apt 208

Doral, FL 33178

Ana Cecilia Di Carlo

Manager

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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