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Division of Corporations

### Florida Department of State

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To:

Division of Corporations

Fax Number : (859)617-6381

From:

Account Name : FASTKII CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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#### FLORIDA LIMITED LIABILITY CO. CHRISTOPHER REHAK MD, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - N	NAME:
The name of th	e Limited Liability Company is:
	CHRISTOPHER REHAK MD, LLC.
ARTICLE II - /	ADDRESS:
The physical and	d mailing address of the Limited Liability Company is:
	6200 Capstan Court
	Rockledge, FL 32955

### ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

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

Christopher S. Rehak 6200 Capstan Court Rockledge, FL 32955

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 805, Fiorida Statues.

Registered Agent's Signature

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## ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

Itle:

Managing Member

Name & Address:

Christopher S. Rehak 8200 Capstan Court Rockledge, FL 32955

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated increin are true. I am aware that any 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.)

Christopher S. Rehak

Typed or printed name of signee