L99000008259

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Advanced Injury Medical Rehab Center, L.L.C.

000003056520--4
-11/30/99--01027--001
****160.00 ****160.00

___ Art of Inc. File_____
___ LTD Partnership File_____
___ Foreign Corp. File_____
✓ L.C. File Cert. + Cert. of stats
___ Fictitious Name File_____
___ Trade/Service Mark_____
___ Merger File_____
___ Art. of Amend. File_____
___ RA Resignation_____
___ Dissolution / Withdrawal_____
___ Annual Report / Reinstatement_____
✓ Cert. Copy_____
___ Photo Copy_____
___ Certificate of Good Standing_____
✓ Certificate of Status_____
___ Certificate of Fictitious Name_____
___ Corp Record Search_____
___ Officer Search_____
___ Fictitious Search_____
___ Fictitious Owner Search_____
___ Vehicle Search_____
___ Driving Record_____
___ UCC 1 or 3 File_____
___ UCC 11 Search_____
___ UCC 11 Retrieval_____
___ Courier_____

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TALLAHASSEE, FLORIDA

VR 11/30

RECEIVED
99 NOV 30 AM 11:03
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature

Requested by: LM 11/30 10:25am
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION
OF

ADVANCED INJURY MEDICAL REHAB CENTER, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

ADVANCED INJURY MEDICAL REHAB CENTER, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

4770 U.S. 19
New Port Richey, Florida 34652

ARTICLE III - REGISTERED OFFICE AND AGENT

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

Peter A. Napolitano, Esq.
7617 Little Road
New Port Richey, Florida 34654

Having been named as the 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 608, F.S.

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Peter A. Napolitano, Esq.
Registered Agent

ARTICLE IV - MANAGEMENT(Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at New Port Richey, Florida, on November 24th, 1999.

Haresh Rich Emandi
Member

STATE OF FLORIDA
COUNTY OF Pasco

Sworn to and subscribed before me this 24th day of November, 1999, by Haresh Rich Emandi

Notary Public -- State of Florida
Personally Known X
(Seal)

OLGA KALI
My Comm Exp. 10/4/2003
No. CC 876431
[ ] Personally Known [ ] Other I.D.

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TALLAHASSEE FLORIDA