

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

**L21000145321  
FILED 8:00 AM  
March 29, 2021  
Sec. Of State  
Iskervin**

**Article I**

The name of the Limited Liability Company is:  
SSB PHYSICAL THERAPY LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1019 SOUTH HIAWASSEE RD  
APT 3812  
ORLANDO, FL. US 32835

The mailing address of the Limited Liability Company is:  
1019 SOUTH HIAWASSEE RD  
APT 3812  
ORLANDO, FL. US 32835

**Article III**

The name and Florida street address of the registered agent is:  
SERGIO DA SILVA BORGES  
1019 SOUTH HIAWASSEE RD  
APT 3812  
ORLANDO, FL. 32835

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: SERGIO DA SILVA BORGES

## **Article IV**

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

Title: MGR  
SERGIO DA SILVA BORGES  
1019 SOUTH HIAWASSEE RD APT 3812  
ORLANDO, FL. 32835

Title: MGR  
SIMONE FERREIRA REVERTE  
1019 SOUTH HIAWASSEE RD APT 3812  
ORLANDO, FL. 32835

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Signature of member or an authorized representative

Electronic Signature: SERGIO DA SILVA BORGES

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.