

A1A Florida Corporate Services

Requester's Name

218 Southern Country Lane
Address

Quincy, Florida 32351

City/State/Zip

850-921-4840

Phone #

Office Use Only

L010000016340
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ADVANCED PHYSICAL THERAPY OF LAKE COUNTY, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

CR2EO31 (7/97)

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials:

RECEIVED
01 SEP 24 PM 12:20
DIVISION OF CORPORATE
AFFAIRS, FLORIDA

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-09/24/01--01090--007

701.25 *155.00

01 SEP 24 PM 12:20
SECRETARY OF
AFFAIRS, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:
ADVANCED PHYSICAL THERAPY OF LAKE COUNTY, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is.
101 EAST MAUD ST.
TAVARES, FL 32778

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

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

Larry Sisson

Name

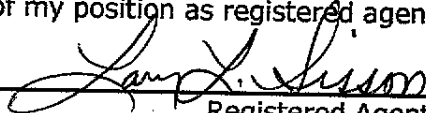
218 Southern Country Lane

Florida street address (P.O. Box **NOT** acceptable)

Quincy, FL 32351

City, State, and Zip

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 608, F.S..



Registered Agent's Signature

Article IV – Management

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

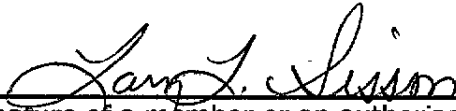
Article V - Manager

Manager #1

Theresa H. Nuzzo
15080 RIVERBEND BLVD. #803
NORTH FT. MYERS, FL 33322

APPROVED
AND
FILED
01 SEP 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION continued for ~~XXXXXXXXXXXXXXXXXXXX GROUP, LLC~~



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.)

Larry Sisson

Typed or printed name of signee

APPROVED
AND
FILED
01 SEP 24 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA