

**L02 0000 10819**

**WILLIAM T. JONES**

3530 Autumn Glen Dr.

Valrico, Fl. 33594

813-244-2233

**FILED**  
**02 APR 30 PM 2:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

April 23, 2002

Florida Dept. of State  
Registration Section

Re: PHYSICAL THERAPY SOLUTIONS, LLC

Enclosed are the Articles of Organization for the above entity along with a check in the amount of \$125.00.

Thank you.



William T. Jones - Member

100005392211--7  
-04/30/02--01052--003  
\*\*\*\*125.00 \*\*\*\*125.00

**EFFECTIVE DATE**  
**5-1-2002**

46 x

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

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

## ARTICLE II - Address:

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

3530 AUTUMN GLEN DR  
VALRICO FL 33594

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

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

WILLIAM T. JONES  
Name  
3530 AUTUMN GLEN DR  
Florida street address (P.O. Box NOT acceptable)  
VALRICO FL 33594  
City, State, and Zip

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*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.*

William Jones  
Registered Agent's Signature

## 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.

Article V - EFFECTIVE DATE - MAY 1, 2002  
(An additional article must be added if an effective date is requested)

William Jones  
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.)

William T. JONES  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)