

L 04000022428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

CK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified C

Certificates of Status

Special I

ctions to Filing Officer:

Office Use Only

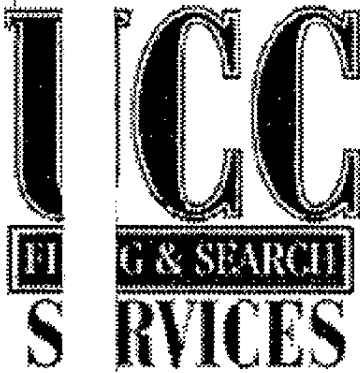


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03/24/04--01002--018 **155.00

FILED
04 MAR 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
04 MAR 24 AM 10:29
STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



UCC FILING & SEARCH SERVICES, INC.
 526 East Park Avenue
 Tallahassee, Florida 32301
 (850) 681-6528

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March 24, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
 Physical Therapy To You, LLC

FILED
 MAR 24 PM 12:45
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Filing Evidence

Plain/Confirmation Copy

Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
 Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

Photocopy

Certified Copy

<input type="checkbox"/>	NEW FILINGS
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

<input type="checkbox"/>	OTHER FILINGS
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Trade Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
04 MAR 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Physical Therapy To You, LLC

ARTICLE II - Address:

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

Principal Office Address:

5106 Windsor Parke Drive

Boca Raton, FL 33496

Mailing Address:

5106 Windsor Parke Drive

Boca Raton, FL 33496

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

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

NRAI Services, Inc.

Name

526 E. Park Avenue

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

Tallahassee

FLORIDA 32301

City, State, and Zip

I, _____, have 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 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, Florida Statutes..

NRAI Services, Inc.

By: Alison Hand *ASST sec*

CON208 Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gail Levine

5106 Windsor Parke Drive

Boca Raton, FL 33496

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Gail Levine

Typed or printed name of signer

- Fees:**
- 1** **00 Filing Fee for Articles of Organization**
 - 5** **00 Designation of Registered Agent**
 - 5** **00 Certified Copy (Optional)**
 - 5** **00 Certificate of Status (Optional)**