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(City/State/Zip/Phone #)

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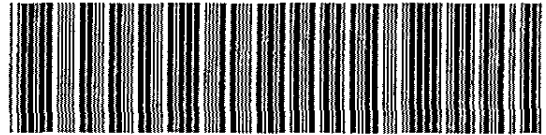
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

105-1791  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Regency Physical Therapy, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Couture Levy  
(Name of Person)

Regency Physical Therapy, LLC.  
(Firm/Company)

2454 SE Federal Hwy  
(Address)

STUART FL 34994  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Couture Levy at 772-283-9885  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**X** STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**Articles of Organization  
Of  
REGENCY PHYSICAL THERAPY, LLC.**

The undersigned certify that we have associated ourselves together for the purpose of forming a LIMITED LIABILITY COMPANY under the laws of the state of Florida, for profit.

**Article I –Name & Principal Place of Business**

The name of the limited liability company is: Regency Physical Therapy, LLC., and the mailing address is 2454 SE Federal HWY., Stuart, FL, 34994.

**Article II -Duration**

The duration of the limited liability company shall be perpetual unless terminated by operation of law or as provided in these Articles or the Operating Agreement of the Limited Liability Company.

**Article III –Initial Registered Office & Registered Agent**

The mailing address of the initial registered office, and principal place of business, of the limited liability company is 2454 SE Federal HWY., Stuart, FL, 34994. The name of the registered agent is Leslie Couture' Levy.

**Article IV –Member Restrictions-Admissions**

Additional persons or entites may be admitted to the limited liability company as members upon the unanimous consent of the current members and on such terms and conditions as determined by the members and in accordance with these Articles and the Operating Agreement of the limited liability company.

**Article V -Right to Continue Business**

On death, withdrawal, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on the consent of the majority (or all) of the remaining members within 90 days of the terminating or dissolving event.

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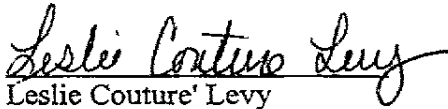
**Article VI- Management**

The name and address of each Managing member is as follows:

MGRM: Leslie Couture' Levy, 2454 SE Federal HWY., Stuart, FL, 34994.

In witness whereof, the undersigned, being an original member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of Regency Physical Therapy, LLC.

Executed by the undersigned this 27<sup>th</sup> day of December, 2004.

  
Leslie Couture' Levy

**Article VII- Registered Agent, Registered Office, & Registered agent Signature**

The mailing address of the registered office and principal place of business, of the limited liability company is 2454 SE Federal HWY., Stuart, FL, 34994. The name of the registered agent is Leslie Couture' Levy .

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 appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all the statues 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 provided for in chapter 608 Florida Statutes.

  
Registered Agent Signature

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