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Donna M. Cash, PTA Donna M. Cash, PTA, L.L.C. 823 Old Welcome Rd. Lithia, FL 33547

May 24, 2006

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Donna M. Cash, PTA, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Donna M. Cash, PTA, L.L.C.

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

DONNA M. CASH, PTA, L.L.C.

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Donna M. Cash, PTA, L.L.C.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in the practice of physical therapy by those licensed to practice as a physical therapist or physical therapist assistant in the State of Florida.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

823 Old Welcome Rd. Lithia, FL 33547

The organization's mailing address shall be as follows:

823 Old Welcome Rd. Lithia, FL 33547

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Donna M. Cash 823 Old Welcome Rd. Lithia, FL 33547

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.

Donna M. Cash, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, sut shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Donna M. Cash, PTA 823 Old Welcome Rd. Lithia, FL 33547

ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Donna M. Cash, PTA 823 Old Welcome Rd. Lithia, FL 33547

ARTICLE VIII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

ARTICLE IX - RESTRICTIONS ON OWNERSHIP

Units in this company may only be held by those licensed to practice as a physical therapist assistant in the State of Florida.

IN WITNESS WHEREOF, the undersign		executed	these
Articles of Organization this 31 day of M	ay, 2006		
Dome M. Cash PTA			
Donna M. Cash, PTA			
STATE OF FLORIDA)			•
COUNTY OF HILLSBOROUGH)			
BEFORE ME, a Notary Public authorized to and County set forth above, personally appropriate the person who executed the foregon	peared Donna M. Ca ping Articles of Orga	ash, known anizatio <u>n</u> ; چ	to me or who
COUNTY OF HILLSBOROUGH) BEFORE ME, a Notary Public authorized t and County set forth above, personally app	peared Donna M. Ca	ash, known anizatio <u>n</u> ; چ	to n

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 31 day of May, 2006

acknowledged before me that she executed these Articles of Organization

Notary Public, State of Florida at Large

My Commission Expires:

