

W07000022605

Florida Department of State
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

AT HOME REHAB CARE, LLC

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Electronic Filing Menu

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Help

W07-22605
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H07000054034 3

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

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

AT HOME REHAB CARE, LLC

ARTICLE II: Address

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

3967 ROYAL PINES DR.

ORANGE PARK FLORIDA 32065

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

GIOVANNI L. VARIAS

3967 ROYAL PINES DR.

ORANGE PARK FLORIDA 32065

Having been named as registered agent 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.

x 

GIOVANNI L. VARIAS / REGISTERED AGENT'S SIGNATURE

H07000054034 3

H07000054034 3

PAGE 2

AT HOME REHAB CARE, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

GIOVANNI L. VARIAS

3967 ROYAL PINES DR.

ORANGE PARK FLORIDA 32065

MANAGING MEMBER:

KRIS C. VARIAS

3967 ROYAL PINES DR.

ORANGE PARK FLORIDA 32065

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x *Giovanni L. Varias*

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.)

GIOVANNI L. VARIAS

H07000054034 3