L10000083567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900183634339

08/09/10--01025--007 **130.00

FILED
2010 AUG -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 10 2010

EXAMINER

August 4, 2010

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

Subject: ***Pyramid Physical Therapy and Workplace Consulting , LLC.***

Dear Sir/Madam,

Enclosed is the original copy of the Articles of Organization and check for filing fees.

Pursuant to Section 608.407 Florida Statues the effective date of this LLC shall be August 9, 2010.

The enclosed check is in the amount of $130.00 for the following:

- Filing fee for Articles of Organization,
- Designation of Registered Agent
- and Certificate of Status

Best Regards,

Gregory A. Robrahn
Registered Agent
6010 Kenneth Road
Fort Myers, Florida 33919
(239)565-5980

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pyramid Physical Therapy and Workplace Consulting, 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:

Gregory A. Robrahn
Name of Person

Pyramid Physical Therapy and Workplace Consulting, LLC.
Firm/Company

6010 Kenneth Road
Address

Fort Myers, Florida 33919-1625
City/State and Zip Code

PyramidPT@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory A. Robrahn at (239) 565-5980
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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Pyramid Physical Therapy and Workplace Consulting, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
6010 Kenneth Road	6010 Kenneth Road
Fort Myers, Florida 33919-1625	Fort Myers, Florida 33919-1625

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gregory A. Robrahn
Name

6010 Kenneth Road
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, FL 33919-1625
City, State, and Zip

FILED
2010 AUG -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2010 AUG -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	Gregory A. Robrahn 6010 Kenneth Road Fort Myers, Florida 33919

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 9, 2010. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Gregory A. Robrahn
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)