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(Requestor's Name)

(Address)

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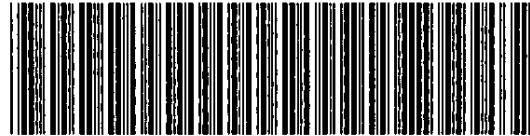
(Business Entity Name)

(Document Number)

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**TAX  
ADVANTAGE**

Income Tax Services  
Incorporations & Payroll  
Accounting, & Bookkeeping Services

**JAMES K. REESE, EA**

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1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

July 18, 2013

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Integrated Physical Therapy Services, LLC.

Dear Sir or Madam:

Enclosed are (2) original Articles of Organization Integrated Physical Therapy Services, LLC along with my check in the amounts of \$125.00. Please file the Articles and return one copy to me at the above address.

If you have questions, please do not hesitate to call me.

Sincerely,



James K. Reese, EA

Enclosures:  
Articles of Organization (2 copies)  
Check in the amount of \$125.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 JUL 31 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 25, 2013

JAMES K REESE,, EA  
TAX ADVANTAGE  
1201 N THIRD ST  
JACKSONVILLE BEACH, FL 32250

SUBJECT: INTEGRATED PHYSICAL THERAPY SERVICES, LLC  
Ref. Number: W13000041814

We have received your document for INTEGRATED PHYSICAL THERAPY SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 013A00018018

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

**INTEGRATED PHYSICAL THERAPY SERVICES  
OF NORTH FLORIDA, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of this limited liability company shall be:

**INTEGRATED PHYSICAL THERAPY SERVICES  
OF NORTH FLORIDA, LLC**

The general nature of the business to be transacted by this Limited Liability Company is:

To engage in services and activities associated with decision-making in the public and private sector.

To engage in any other lawful business, to purchase, or otherwise acquire, and to own, mortgage, pledge, sell, convey, assign, transfer, or otherwise dispose of, and to invest in and hold real or personal property, of every class, kind, and description, and to otherwise engage in any legal business or activity permitted under the laws of the State of Florida and in all other States and counties.

To conduct said business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and license in the State of Florida and in all other States and counties.

To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidence of indebtedness, and execute such mortgages and transfers of corporate indebtedness as required.

To purchase the company assets of any other company and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, mortgage, transfer, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, of any other company of the State of Florida or any other State or Government, and while owner of such stock to exercise all of the rights, powers, and privileges of ownership, including the right to vote such stock.

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## **ARTICLE II - ADDRESS**

The principal place of business and mailing address of the Limited Liability Company shall be at, 2340 The Woods Drive, Jacksonville, Florida 32246.

## **ARTICLE III - DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the regulations.

## **ARTICLE IV - INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is Greg Trace, at 2340 The Woods Drive, Jacksonville, Florida 32246.

## **ARTICLE V - ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on the terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

## **ARTICLE VI - MEMBERS' RIGHT TO CONTINUE BUSINESS**

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by unanimous vote of the remaining members.

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## ARTICLE VII - MANAGEMENT

The company shall be managed by the members in accordance with the regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with the law or these Article of Organization. The name and addresses of the members of the company are:

Greg Trace  
Managing Member

2340 The Woods Drive  
Jacksonville, Florida 32246

Dell Jarvis  
Member

2340 The Woods Drive  
Jacksonville, Florida 32246

Paul Friedlin  
Member

3724 Cathedral Oaks Trace North  
Jacksonville, Florida 32246

## ARTICLE VIII - SPECIAL PROVISION

It is the intent of the members that the limited liability company will execute any necessary documents with the Internal Revenue Service concerning the taxation as a corporation and that the limited liability company will file Form 2553 and Form 8832.

## ARTICLE XII - EFFECTIVE DATE

These Articles of Organization shall be effective on the date of filing.

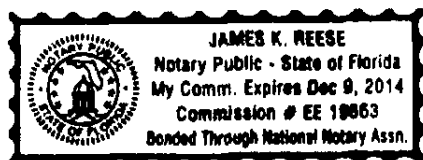
  
\_\_\_\_\_  
Greg Trace

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13 JUL 31 PM 12:15

STATE OF FLORIDA  
COUNTY OF Duval

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in State and County named above to take acknowledgments, personally appeared Greg Trace to me known to be the person described as subscribed in and executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to those Articles of Organization.

WITNESS my hand and official seal in the County and State named above on this the 15<sup>th</sup> day of July, 2013.



  
\_\_\_\_\_  
Notary Public

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

The name of the limited liability company is:

**INTEGRATED PHYSICAL THERAPY SERVICES, LLC**

*OF NORTH FLORIDA*

The name and address of the Registered Agent and Office

**Greg Trace  
2340 The Woods Drive  
Jacksonville, FL 32246**

SIGNATURE \_\_\_\_\_

*7/15/13*  
Greg Trace

TITLE \_\_\_\_\_

Member

DATE \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_

*7/15/13*  
Greg Trace

DATE \_\_\_\_\_

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