

L13000152/00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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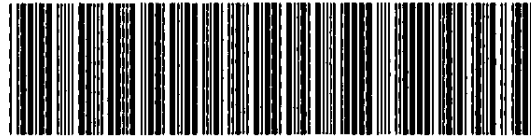
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. Burch OCT 29 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Karen Roan's Physical Therapy and Rehabilitation, 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:

Charles H. Burns, Esq.

Name of Person

Firm/Company

1061 E. Indiantown Road, Suite 400

Address

Jupiter, FL 33477

City/State and Zip Code

oneononefitnesspro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles H. Burns at **561 747-2600**

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 OF
KAREN ROAN'S PHYSICAL THERAPY AND REHABILITATION, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is: KAREN ROAN'S PHYSICAL THERAPY
AND REHABILITATION, LLC (the "Company").

ARTICLE II – Address:

The mailing and street address of the principal office of the company is:

1601 Commerce Lane, Suite 104
Jupiter, Florida 33458

ARTICLE III – Duration:

The period of duration for the Company shall be perpetual.

ARTICLE IV – Management:

The Company is to be managed by the managing members, the names and
addresses of which are:

Karen Roan
1601 Commerce Lane, Suite 104
Jupiter, Florida 33458

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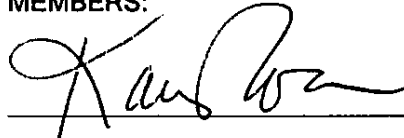
ARTICLE V – Admission of Additional Members:

Members shall have the right to admit additional members as set forth in the Operating Agreement by and among the Company and its members, as amended from time to time, or as otherwise provided by the Florida Limited Liability Act.

ARTICLE VI – Members' Rights to Continue Business:

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MEMBERS:



KAREN ROAN, Managing Member

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CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

KAREN ROAN'S PHYSICAL THERAPY AND REHABILITATION, LLC

2. The address of the registered agents and offices are:

Karen Roan
1601 Commerce Lane, Suite 104
Jupiter, Florida 33458

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.



KAREN ROAN, Registered Agent