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(Requestor's Name)

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(City/State/Zip/Phone #)

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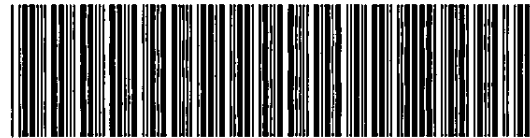
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2014

KEVIN MORGAN  
5003 BASIN AVE  
MILTON, FL 32583

SUBJECT: FLORIDA THERAPY CONTRACTING, LLC  
Ref. Number: W14000074925

We have received your document for FLORIDA THERAPY CONTRACTING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 414A00026635



## ***TRANSMITTAL LETTER***

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

Subject: *Florida Therapy Contracting, LLC*

Enclosed please find an original and one (1) copy of the Articles of Organization for the above corporation and check in the amount of \$155.00.

From: *Kevin Morgan*  
*5003 Basin Avenue*  
*Milton, FL 32583*  
*(850) 483-1521*

Note: Additional copy of articles is needed when certified copy is requested.



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

**ARTICLE I - NAME**

The name of the Limited Liability Company shall be:

*Florida Therapy Contracting, LLC*

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:

*5003 Basin Avenue  
Milton, FL 32583*

**ARTICLE - III  
REGISTERED AGENT, ADDRESS AND SIGNATURE**

The name and address of the registered agent is:

*Kevin Morgan  
5003 Basin Avenue  
Milton, FL 32583*

*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 605, F.S..*

*Kevin Charles Morgan MBA*  
Registered Agent's Signature

**ARTICLE IV - MANAGING MEMBERS**

The name and street address of each Manager or Managing Member are as follows:

*Panhandle Therapy LLC. Managing Member  
5003 Basin Avenue  
Milton, FL 32583*

*Gulf Coast Therapy, Inc. Managing Member  
1139 Finch Drive  
Gulf Breeze, FL 32563*

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**ARTICLE V -  
PURPOSE OF THE LIMITED LIABILITY COMPANY**

The purpose for this limited liability company is:

*Occupational Physical Therapy Services*

**ARTICLE VI -  
EFFECTIVE DATE**

The effective date for the limited liability company is:

*January 1, 2015*

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

*Ker Charles Morgan M.D.* (Signature and Title)

*12-29-14* (Date)

*[Signature] PT Member* (Signature and Title)

*12-29-14* (Date)

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