

**LI 5000011952**

**Florida Department of State  
Division of Corporations  
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Division of Corporations  
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15 JAN 22 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
PHYSICAL THERAPY AND WELLNESS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

15 JAN 22 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. @hmarc JAN 28 2015

H15000017734

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PHYSICAL THERAPY and Wellness, 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:

4421 Park Blvd.  
PINELLAS PARK FL  
33781

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Lilia Muniz  
Name  
4421 Park Blvd  
Florida street address (P.O. Box NOT acceptable)  
PINELLAS PARK FL 33781  
City Zip

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMMGRM

ESTHER SANTANA  
4421 PARK BLVD  
PINELLAS PARK, FL 33781  
NASH RAMOS  
4421 PARK BLVD  
PINELLAS PARK FL 33781

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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 605.0203 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.)

ESTHER SANTANA

Typed or printed name of signee

15 JAN 22 AM 8:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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