

## Florida Department of State

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## FLORIDA LIMITED LIABILITY CO. FORCE PHYSICAL THERAPY DAVIE, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I**

The Name of the Limited Liability Company shall be:

### FORCE PHYSICAL THERAPY DAVIE, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

#### ARTICLE III

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

PRINCIPAL ADDRESS 2240 SW 71st TERRACE DAVIE, FL, 33317

MAILING ADDRESS 20754 W. DIXIE HIGHWAY AVENTURA, FL 33180

#### ARTICLE IV

The name of the Managing Member (S) shall be:

MANAGING MEMBER
CHRIS ELLIS
3211 NE 5<sup>TH</sup> STREET
FT. LAUDERDALE, FL 33308

MANAGING MEMBER HAL KRENKEL 818 N. 12<sup>TH</sup> AVENUE HOLLYWOOD, FL 33019

ARTICLE Y

The name and Florida street address of the registered agent shall be:

CHRIS ELLIS 3211 NE 5<sup>TH</sup> STREET FT. LAUDERDALE, FL 33308 TALLAHASSEE FLORIDA

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

#### FORCE PHYSICAL THERAPY DAVIE, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

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)

CHRIS ELLIS

Typed or printed name signee

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