

L1500278401

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

101864

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000250604 3)))



H150002506043ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
FORCE PHYSICAL THERAPY NORTH MIAMI, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

15 OCT 20 PM 6:46
FILED
STATE OF FLORIDA
TALLAHASSEE

15 OCT 20 PM 3:20
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H15000250604

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

ARTICLE I

The Name of the Limited Liability Company shall be :

FORCE PHYSICAL THERAPY NORTH MIAMI, 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
18900 NE 25TH AVENUE
NORTH MIAMI, FL 33180

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 5TH STREET
FT. LAUDERDALE, FL 33308

MANAGING MEMBER
HAL KRENKEL
818 N. 12TH AVENUE
HOLLYWOOD, FL 33019

ARTICLE V

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

CHRIS ELLIS
3211 NE 5TH STREET
FT. LAUDERDALE, FL 33308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 20 PM 6:46

FILED

H15000250604

H15000250604

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

FORCE PHYSICAL THERAPY NORTH MIAMI, 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

H15000250604