

L16000116657

2016-06-20 12:29:00 CST
Division of Corporations

160823 2310 From CLS-CTSB-BFI BFI Processing Fax

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000143894 3)))



H160001438943ABC3

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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: agent@bizfilings.com

RECEIVED

16 JUN 20 PM 3:06

FLORIDA
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ARC rehabilitation services PLLC**

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

A. DUNLAP

JUN 21 2016

16 JUN 20 PM 1:55

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FAX AUDIT # 1160001438943

**ARTICLES OF ORGANIZATION
OF
ARC rehabilitation services PLLC**

ARTICLE I NAME

The name of the limited liability company is: ARC rehabilitation services PLLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
2746 Migliara Lane, Ocoee, Florida 34761.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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: 
Mark Williams, A.V.P. Business Filings Incorporated

Date: June 8, 2016

ARTICLE IV SPECIFIC BUSINESS ACTIVITY

The specific business activity is: Occupational Therapy, Physical Therapy and Speech Therapy.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
David Patrick Bell, 2746 Migliara Lane, Ocoee, Florida 34761

FAX AUDIT # 1160001438943

FAX AUDIT # H160001438943

ARTICLE VI DURATION

The duration for the limited liability company shall be: Perpetual.

David Patrick Bell
David Patrick Bell, Organizer

Date: 6-12-16

Authorized Representative

(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.)

FAX AUDIT # H160001438943
