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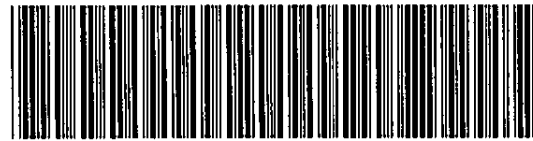
(Business Entity Name)

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17 MAY 23 AM 10:02

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SECRETARY OF STATE
MAY 23 2017
FID

M. MOON

MAY 23 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hometown Physical Therapy, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy Gray
Name of Person

Firm/Company

6801 Puckett Road
Address

Perry, Florida 32348
City/State and Zip Code

grayj30@yahoo.com
E-mail address: (to be used for future annual report notification)

17 MAY 23 11:10:02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jeremy Gray at (850) 843-2663
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
FOR
HOMETOWN PHYSICAL THERAPY, LLC.**

ARTICLE I. NAME

The name of the Limited Liability Company is: HOMETOWN PHYSICAL THERAPY, LLC.

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 6801 Puckett Road, Perry, Florida 32348.

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent is: G. Cline Moore, 107 East Green Street, Perry, Florida 32347.

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.



G. CLINE MOORE
Registered Agent

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JUL 23 AM 10:02
PERRY, FLORIDA

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	STEPHEN PRESTON MURPHY 427 N. Ellison Road Perry, Florida 32347
MGR	JEREMY LEE GRAY 6801 Puckett Road Perry, Florida 32348

SIGNATURE:

A handwritten signature in black ink, appearing to read 'STEPHEN MURPHY', written over a horizontal line.

STEPHEN PRESTON MURPHY
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 in s.817.155, F.S.)

15652-115
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-10-02 BY 1045