

Division of Corporations

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To:

Division of Corporations
Fax Number : (350) 617-6381

From:

Account Name : SHUTTS & BOWEN LLP
Account Number : 120060000106
Phone : (813) 229-8900
Fax Number : (813) 229-8901

****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. Total Therapy Florida North Port, LLC

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**ARTICLES OF ORGANIZATION
FOR TOTAL THERAPY FLORIDA NORTH PORT, LLC**

ARTICLE I - NAME

The name of the limited liability company is TOTAL THERAPY FLORIDA NORTH PORT, LLC.

ARTICLE II - ADDRESS

The mailing address of the company is 1076 South Tamiami Trail, Osprey, Florida 34229, and the street address of the principal office of the company is 1076 South Tamiami Trail, Osprey, Florida 34229.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial registered agent are:

LPS CORPORATE SERVICES, INC.
1858 Ringling Boulevard, Suite 300
Sarasota FL 34236

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

LPS CORPORATE SERVICES, INC.,
a Florida corporation

By: 

Michael E. Siegel
Its Vice President

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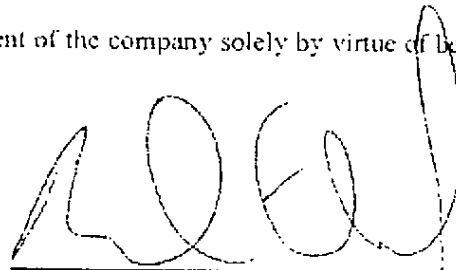
ARTICLE IV - MANAGEMENT

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company. The method of election of the manager shall be as stated in the Operating Agreement of the Company.

ARTICLE V — Limitation on Agency Authority of Members:

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: 6/6/19

A handwritten signature in dark ink, appearing to read 'Michael Siegel', written over a horizontal line.

Michael Siegel
Authorized Representative of a Member

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