

L19000 223595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

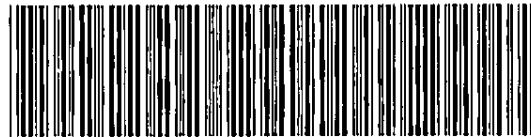
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

R KEMP! E

SEP 13 2019



100333786531

09/12/19--01003--016 **155.00

FILED

19 SEP 12 AM 8:57

STATE
TALLAHASSEE, FLORIDA

2019 SEP 12 AM 10:55

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: (850) 425-5457

September 12, 2019

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Be Strong Therapy Services, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Be Strong Therapy Services, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00
Filing Fee

☐ \$130.00
Filing Fee &
Certificate of Status

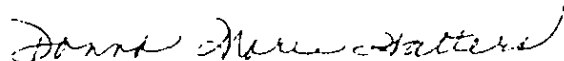
☒ \$155.00
Filing Fee &
Certified Copy
(additional copy enclosed)

☐ \$160.00
Filing Fee,
Certified Copy &
Certificate of Status
(additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw
Enclosures

**ARTICLES OF ORGANIZATION
OF
BE STRONG THERAPY SERVICES, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Be Strong Therapy Services, LLC.**

**ARTICLE 2.
Address**

The mailing address of the principal office of the Company is:

Post Office Box 12243
Tallahassee, Florida 32317

The street address of the principal office of the Company is:

1910 Buford Boulevard, Suite A
Tallahassee, Florida 32308

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Ausley & McMullen, P.A.
123 South Calhoun Street
Tallahassee, Florida 32301-1517

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

/s/Elizabeth D. Barron
Ausley & McMullen, P.A., Registered Agent
Elizabeth D. Barron, for the Firm

FILED
SEP 12 AM 8:57
TALLAHASSEE, FLA.

**ARTICLE 4.
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of the persons authorized to manage and control the Limited Liability Company as Manager are as follows:

Megan M. Bradley, MGR

1910 Buford Boulevard, Suite A
Tallahassee, Florida 32308

Kelly L. Uanino, MGR

1910 Buford Boulevard, Suite A
Tallahassee, Florida 32308

Amber D. Swords, MGR

1910 Buford Boulevard, Suite A
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 10th day of September, 2019.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. 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 Section 817.155, F.S.

Elizabeth D. Barron

Elizabeth D. Barron,
Authorized Representative of the Members

FILED
10 SEP 12 AM 8:57
TALLAHASSEE, FLA.