

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L20000160494  
FILED 8:00 AM  
June 11, 2020  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

EMPOWER CHANGE PHYSICAL THERAPY, LLC

**Article II**

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

37 S. MAIN STREET  
SUITE C  
WILLISTON, FL. US 32696

The mailing address of the Limited Liability Company is:

5060 NW 1ST PLACE GAINESVILLE  
GAINESVILLE, FL. US 32607

**Article III**

The name and Florida street address of the registered agent is:

SARAH RIVARD  
37 S. MAIN STREET  
SUITE C  
WILLISTON, FL. 32696

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.

Registered Agent Signature: SARAH RIVARD

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
SARAH RIVARD  
37 S. MAIN STREET, SUITE C  
WILLISTON, FL. 32696 US

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Signature of member or an authorized representative

Electronic Signature: SARAH RIVARD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.