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reloadrehabPT@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Reload Rehab LLC

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ARTICLES OF ORGANIZATION OF Reload Rehab LLC

ARTICLE I

NAME

The name of the limited liability company is: Reload Rehab LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 6201 N Federal Hwy 6, Boca Raton, Florida 33487.

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.

	Mail	
Signature	<u> </u>	Date: June 29, 2020
-	Mark Williams, A.V.P. Business Filings Incorporated	

ARTICLE IV MANAGERS/MEMBERS

1/1/

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Daniel Long, 6201 N Federal Hwy 6, Boca Raton, Florida 33487 Eric Rosenfield, 6201 N Federal Hwy 6, Boca Raton, Florida 33487

FAX AUDIT #

Date: 6-30-20

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ARTICLE V	DURATION

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

Daniel Long, Organizer

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 # _____