Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

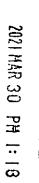
Email Address: Support@flpateflaw.com

FLORIDA LIMITED LIABILITY CO. Apex Physical Therapy and Rehab LLC

	
Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu Corporate Filing Menu

Help





COVER LETTER

Thursday, March 25, 2021

To: New Filing Section
Division of Corporation

Subject: APEX PHYSICAL THERAPY AND REHAB 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:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Jamie Primeau 727-279-5037 or e-mail at Support@fipatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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ARTICLES OF ORGANIZATION

FOR

APEX PHYSICAL THERAPY AND REHAB LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: Apex Physical Therapy and Rehab LLC (the "Company").

ARTICLE II.

The principal office and mailing address of the Company is:

2400 NE 65th Street Unit 226 Fort Lauderdale, Florida 33308

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Ada Reyes

Sign)

FL Patel Law PLLC

Sign)

FL Patel Law PLLC

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Jacob Aguirre 2400 NE 65th Street Unit 226 Fort Lauderdale, Florida 33308

ARTICLE V.

The Effective date shall be the date of filing.

Jacob Aguirre	
	(sign)
Signature of a member or an authorized reproduced reproduced in accordance with section 60 am aware that any false information submitted in a document to a third degree felony as provided	05.0203 (1) (b), Florida Statutes. ument to the Department of State
Jacob Aguirre	
Authorized Representative/	Member

