

17100335966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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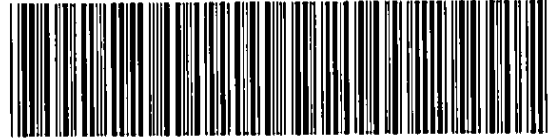
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GWP PHYSICAL THERAPY LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

112 Ponder's Printing • Thomasville, GA 30084

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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TALLAHASSEE, FL 32301
JUL 23 2021
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GWP Physical Therapy, 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

Jesse Chedington

Name of Person

Holden, Roseow & Chedington, P.L.

Firm/Company

5608 NW 43rd Street

Address

Gainesville, FL 32653

City/State and Zip Code

jess@eguy-law.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse Chedington

352

373-7788

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

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

☐

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

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32304

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JUL 23 2021
TALLAHASSEE, FL 32304

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GWP Physical Therapy, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4650 NW 39th Place, Ste. B
Gainesville, FL 32606

4650 NW 39th Place, Ste. B
Gainesville, FL 32606

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lauren Atkins

Name

4650 NW 39th Place, Ste. B

Florida street address (P.O. Box **NOT** acceptable)

Gainesville

FL

32606

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jason Atkins-Tuffs

4650 NW 39th Place, Ste. B

Gainesville, FL 32606

MGR

Lauren Atkins

4650 NW 39th Place, Ste. B

Gainesville, FL 32606

MGR

Jason Lumley - Anthony

4650 NW 39th Place, Ste. B

Gainesville, FL 32606

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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 s.817.155, F.S.

Lauren Atkins

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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