

# L22000060247

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## FLORIDA LIMITED LIABILITY CO. ELEVATE PHYSICAL THERAPY, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
ELEVATE PHYSICAL THERAPY, LLC**

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Pursuant to Chapter 605, Florida Statutes, the undersigned, being the authorized representative of the initial members of the limited liability company to be known as "ELEVATE PHYSICAL THERAPY, LLC", hereby adopts the following articles of organization:

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **ELEVATE PHYSICAL THERAPY, LLC.**

**ARTICLE II  
ADDRESS**

The mailing and street address of the principal office of the Limited Liability Company is: 13237 OVERSTREET ROAD, WINDERMERE, FL 34786.

**ARTICLE III  
REGISTERED AGENT**

The name and the Florida street address of the initial Registered Agent for service of process upon the Limited Liability Company are:

Ronald W. Sikes, Esquire  
310 South Dillard Street, Suite 120  
Winter Garden, FL 34787

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**ARTICLE IV  
MANAGEMENT**

The Limited Liability Company is to be managed by the managers and is, therefore, a manager-managed company.

**ARTICLE V  
INITIAL MANAGERS**

The initial Managers of the Limited Liability Company and their addresses are as follows:

Torono Lowery  
13237 Overstreet Road  
Windermere, FL 34786

Sadie Swiderski  
500 Maguire Park Street, Apartment 211  
Ocoee, FL 34761

**ARTICLE VI  
PURPOSE**

The Limited Liability Company is formed for the purpose of engaging in any lawful business.

**ARTICLE VII  
DURATION**

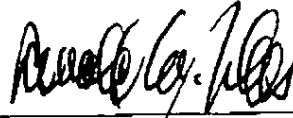
The Limited Liability Company shall exist perpetually unless dissolved, converted or otherwise terminated by the Members or by judicial action pursuant to Chapter 605, Florida Statutes.

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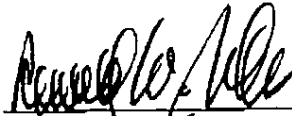
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In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Ronald W. Sikes, Authorized  
Representative of Initial Member

*Having been named as registered agent and to accept service of process for **ELEVATE PHYSICAL THERAPY, LLC**, 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, Florida Statutes.*



Ronald W. Sikes  
Registered Agent

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