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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
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ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
THE THERAPY EDGE, PLLC

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Apr. 13. 2022 1:43PM

GEALD WEINBERG

No. 1494 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE THERAPY EDGE, PLLC

(Must contain 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:

1110 NORTH DONNELLY STREET
MOUNT DORA, FLORIDA 32757

Mailing Address:

1110 NORTH DONNELLY STREET
MOUNT DORA, FLORIDA 32757

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:

THOMAS H. OLESKO

Name

1110 NORTH DONNELLY STREET

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

<u>MOUNT DORA</u>	<u>FLORIDA</u>	<u>32757</u>
City	State	Zip

CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 APR 13 PM 3:01

LEL

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..

/s/Thomas H. Olesko

Registered Agent's Signature (REQUIRED)

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Apr. 13. 2022 1:43PM

GEALD WEINBERG

(H22000134659 3) No. 1494 P. 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

THOMAS H. OLESKO
1110 NORTH DONNELLY STREET
MOUNT DORA, FLORIDA 32757

(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.

THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS THE PRACTICE OF PHYSICAL THERAPY

REQUIRED SIGNATURE:

Lawrence A. Kirsch

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.

LAWRENCE A. KIRSCH

Typed or printed name of signee

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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