L2200030507

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

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S. CHATHAM JUL 11 2022

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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date:July 08, 2022	——————————————————————————————————————
Name: James Brodbecl	<u>K</u>
Reference #: 170403	3
	THERAPY SERVICES OF SUN CITY, LLC
Articles of Incorporation/Au	thorization to Transact Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	

Authorized Amount: \$125.00

Signature:



+1.212.947.7200

ASIA PACIFIC HQ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ited Liability Company is:				
	nerapy Services of Sun (·····		
	(Must end with the words	"Limited Lial	bility Com	pany, "L.L.	C.," or "LLC.")
ARTICLE II - Addr The mailing address a	ress: and street address of the pr	rincipal office	of the Lin	nited Liabili	ity Company is:
Principal Office Ad-	dress:	ı	Mailing Ac	ddress:	
901 Hugh Wallis R Lafayette, LA 7050		 			
(The Limited Liability	istered Agent, Registered y Company cannot serve a ity with an active Florida n	s its own Reg			gnature: ust designate an individual or
The name and the Flo	orida street address of the r	egistered age	nt are:		
	COGEN	CY GLOBAL	INC		
		Name			-
	115 North Ca	Inoun Street	Suite 4		
	Florida street address ((P.O. Box NO	T accepta	ble)	_
	Tallahassee		FL	32301	
	City			Zip	
the place designa capacity. I further	nted in this certificate, I here agree to comply with the pi I am familiar with and acce	eby accept the rovisions of a	appointment appoin	ent as regist relating to th	ove stated limited liability company at tered agent and agree to act in this ne proper and complete performance registered agent as provided for in
	<i>M</i> A	LEGG PROBAGE	/ 1.6-		
	Registered Ager	nt's Signature	(REQUIR	ED)	,
					JUL
	(C)	ONTINUED	1		_

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	LHC Health Care Group of Florida, LLC
	901 Hugh Wallis Road South
	Lafavette, LA 70508
MGR	LHC Group, Inc.
	901 Hugh Wallis Road South
	Lafayette, LA 70508
(Use attachment if necessary)	
`	
	e date of filing: (OPTIONAL)
E V: Effective date, if other than the	
	be specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must	be specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 d

Nicholas Gachassin, III, Executive Vice President, LHC Group, Inc., its Manager
Typed or printed name of signee

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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22 JUL 11 AH 5: 35