Electronic Articles of Organization For Florida Limited Liability Company

L23000314188 FILED 8:00 AM June 30, 2023 Sec. Of State rhunt

Article I

The name of the Limited Liability Company is: JAY BEE THERAPY, LLC

Article II

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

3575 SAILFISH DR GULF BREEZE, FL. US 32563

The mailing address of the Limited Liability Company is:

3575 SAILFISH DR GULF BREEZE, FL. US 32563

Article III

Other provisions, if any:

THE PURPOSE OF THIS LLC IS TO EVALUATE AND PROVIDE SKILLED THERAPY SERVICES TO INDIVIDUAL CLIENTS AND SMALL GROUPS.

Article IV

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

JAMIE L BLANCHARD 3575 SAILFISH DR GULF BREEZE, FL. 32563

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.

Registered Agent Signature: JAMIE BLANCHARD

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR JAMIE L BLANCHARD 3575 SAILFISH DR GULF BREEZE, FL. 32563 UN

Title: AR CURTIS O LASSITER 3575 SAILFISH DR GULF BREEZE, FL. 32563 UN

Signature of member or an authorized representative

Electronic Signature: JAMIE BLANCHARD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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