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Division of Corporations

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : BACHELOR AND ASSOCIATES, INC.
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Phone : (954)752-2758
Fax Number : (954)752-4183

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email

Address: ingrid@bachelorandassociates.com

FLORIDA LIMITED LIABILITY CO.
Stay In Motion Physical Therapy And Wellness P.L.L.C

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**ARTICLES OF ORGANIZATION
OF
Stay In Motion Physical Therapy and Wellness, P.L.L.C.
A Florida Professional Limited Liability Company**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a Professional Limited Liability Company (The Limited Liability Company) under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:
Stay In Motion Physical Therapy And Wellness, LLC.

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

7531 Via Luria
Lake Worth, Florida 33467

**ARTICLE III
DURATION AND AREAS OF PRACTICE**

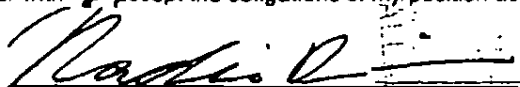
The period of duration for the Limited Liability Company shall be perpetual. The Limited Liability Company is organized to provide Physical Therapy, Personal and Performance Training to Clients of all Levels.

**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Nadira Davis DPT
7531 Via Luria
Lake Worth, Florida 33467

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.


Nadira Davis, DPT, Registered Agent

Prepared by: Ingrid Bachelor CPA
License No. AC - 0032360
10235 W Sample Road
Suite 205
Coral Springs, FL 33065
954-752-2738

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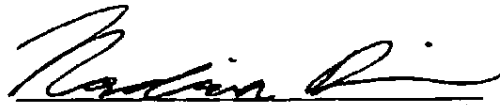
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**ARTICLE IV
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as Follows:

Nadira Davis, DPT
7531 Via Luria,
Lake Worth, FL 33467

Manager



Nadira Davis, DPT Authorized Representative of
the Member

(In accordance with Section 605.0203(1)(b)
Florida Statutes, the execution of this document
constitutes an affirmation under penalties of
perjury that the facts stated herein are true. 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.)

2024 JAN 03 11:12
STATE
TALLAHASSEE, FL

Prepared by: Ingrid Bachelor CPA
License No. AC - 0032360
10235 W Sample Road
Suite 205
Coral Springs, FL 33065
954-752-2758

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