

L24000041222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

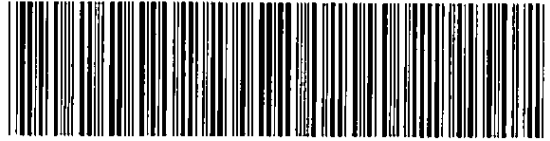
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500421103255

RECEIVED

2024 JAN 24 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024

1:27

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Elevate Physical Therapy & Pilates LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

Signature



Requested by: SN

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
ELEVATE PHYSICAL THERAPY AND PILATES LLC**

The undersigned, acting as the organizer of a limited liability company to be formed under the Florida Revised Limited Liability Company Act, as amended (the "Act"), hereby forms a Florida limited liability company (this "Company") pursuant to the Act and hereby sets forth the following Articles of Organization (these "Articles"):

**ARTICLE I  
Name**

The name of this Company shall be: Elevate Physical Therapy and Pilates, LLC

**ARTICLE II  
Place of Business**

The principal place of business of this Company shall be 1114 White Street, Key West, FL 33040. The mailing address shall be 1114 White Street, Key West, FL 33040 and such other place or places as may be designated by the manager from time to time.

**ARTICLE III  
Registered Agent and Office**

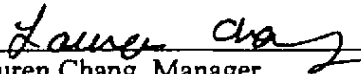
The initial registered agent for this Company shall be Lauren Chang and the address of the registered agent for service of process shall be 1008 Watson Street, Key West, FL 33040

**ARTICLE IV  
Management of Business**

The Company shall be manager-managed. The initial manager of the Company shall be:

Lauren Chang  
1008 Watson Street  
Key West, FL 33040

The undersigned has executed these Articles of Organization on 11/22/24.

  
\_\_\_\_\_  
Lauren Chang, Manager

**Prepared By:**  
Richard J. McChesney, Esquire  
Spottswood, Spottswood, Spottswood & Sterling, PLLC  
500 Fleming St.  
Key West, FL 33040  
(305) 294-9556  
Bar No. 100308

**CERTIFICATE OF DESIGNATION**  
**AND ACCEPTANCE OF REGISTERED AGENT**  
**Elevate Physical Therapy and Pilates LLC**

The undersigned, having been named Registered Agent and designated to accept service of process for the above-stated Company, at 1008 Watson Street, Key West, FL 33040, hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the duties hereunder.

Dated 11/22/24.

  
\_\_\_\_\_  
Lauren Chang, Manager

**Prepared By:**  
Richard J. McChesney, Esquire  
Spottswood, Spottswood, Spottswood & Sterling, PLLC  
500 Fleming St.  
Key West, FL 33040  
(305) 294-9556  
Bar No. 100308

2024