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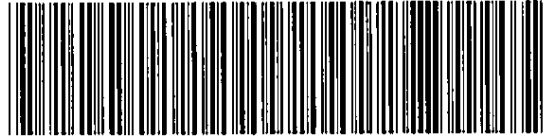
(Business Entity Name)

(Document Number)

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STATE
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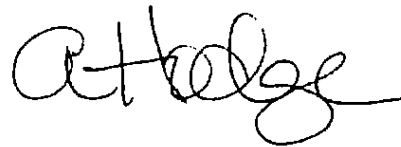
NAME: REVIVE FUNCTIONAL REHABILITATION CENTER PLLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125

RETURN: PLAIN COPY PLEASE

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read 'Abbie/Paul Hodge', written in a cursive style.

ACCOUNT: FCA000000015

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P.O. BOX 10662 TALLAHASSEE, FL 32302
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RETURN: PLAIN COPY PLEASE

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read 'A Hodge', written over the authorization text.

ACCOUNT: FCA000000015

ARTICLES OF ORGANIZATION

OF

REVIVE FUNCTIONAL REHABILITATION CENTER, P.L.L.C.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **REVIVE FUNCTIONAL REHABILITATION CENTER, P.L.L.C.** ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office of the Company shall be 25 Mar Vista Circle, Pensacola, Florida 32507, and the street address of the principal office of the Company shall be 25 Mar Vista Circle, Pensacola, Florida 32507.

ARTICLE III – DURATION and PURPOSE

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual. The primary purposes of the Company shall be professional medical services and consulting and related services.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Kerry Anne Schultz, Esquire, 2777 Gulf Breeze Parkway, Gulf Breeze, Florida 32563.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

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2024 FEB -5 PM 8:29
CLERK OF DISTRICT COURT
JULIA A. GILBERT, CLERK
STATE OF FLORIDA

ARTICLE VI – MANAGER OR MEMBER

The name and address of each Manager or Member is as follows:

Name and Address:

David Fairleigh M.D.
25 Mar Vista Circle
Pensacola, Florida 32507

Title:

Manager

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII – MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - MANAGEMENT

The Company shall be manager-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE X - AMENDMENT

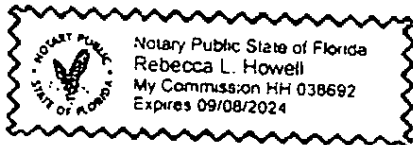
These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

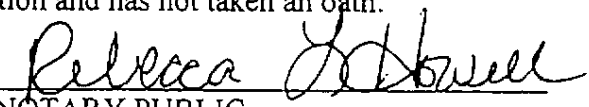
IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.


KERRY ANNE SCHULTZ, Organizer

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 2nd day of February, 2024, by KERRY ANNE SCHULTZ, who is ☒ personally known to me or ☐ who has produced _____ as identification and has not taken an oath.




NOTARY PUBLIC
Commission No.: _____
Commission Expires: _____

**ACCEPTANCE OF DESIGNATION AS
RESIDENT AGENT**

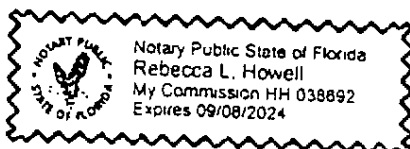
KERRY ANNE SCHULTZ, the designated resident agent of REVIVE FUNCTIONAL REHABILITATION CENTER, P.L.L.C., a Florida Limited Liability Company, does hereby certify that her business address is 2777 Gulf Breeze Parkway, Gulf Breeze, Florida 32563, do hereby accept the designation and appointment as resident agent of REVIVE FUNCTIONAL REHABILITATION CENTER, P.L.L.C., a Florida Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

DATED this 2nd day of February, 2024.


KERRY ANNE SCHULTZ

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 2nd day of February, 2024, by KERRY ANNE SCHULTZ, who is ☒ personally known to me or ☐ who has produced _____ as identification and has not taken an oath.




NOTARY PUBLIC
Commission No.: _____
Commission Expires: _____