

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000221668
FILED 8:00 AM
May 13, 2024
Sec. Of State
stoner**

Article I

The name of the Limited Liability Company is:
REHAB REPS PHYSICAL THERAPY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13205 KARLA COVE LN
JACKSVONILLE, FL. 32225

The mailing address of the Limited Liability Company is:
13205 KARLA COVE LN
JACKSVONILLE, FL. 32225

Article III

The name and Florida street address of the registered agent is:
SHELBY STEWART
13205 KARLA COVE LN
JACKSONVILLE, FL. 32225

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: SHELBY STEWART

Signature of member or an authorized representative

Electronic Signature: SHELBY STEWART

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.