

H24000189283 3

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L24000234223

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000189283 3)))



H240001892833ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : BAKER & HOSTETLER LLP
 Account Number : I19990000077
 Phone : (407)649-4016
 Fax Number : (407)841-0168

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

Email Address:christi@jimmyliebe.com

FLORIDA LIMITED LIABILITY CO.
HI-5 THERAPY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

2024 MAY 29 AM 11:24

FILED

2024 MAY 29 PM 1:00
 DIVISION OF CORPORATIONS
 ELECTRONIC FILING SERVICE

T.S.H.
 5/30/24

ARTICLES OF ORGANIZATION
OF
HI-5 THERAPY, LLC

The undersigned acting as the organizer of HI-5 THERAPY, LLC, under the Florida Limited Liability Company Act, Chapter 605, *Fla. Stat.*, adopts the following Articles of Organization:

ARTICLE I - Name:

The name of the limited liability company is HI-5 THERAPY, LLC (the "Company").

ARTICLE II - Address:

The mailing address and the street address of the Company is 2107 Rickover Place, Winter Garden, Florida 34787.

ARTICLE III - Duration:

The period of duration for the Company shall be perpetual, unless dissolved in accordance with the terms of the Operating Agreement of the Company.

ARTICLE IV - Management:

The limited liability company is to be managed by managers and the names and addresses of the individuals who are to serve as initial managers until the first annual meeting of the member or until their successors are elected and qualified are:

Name

Address

CHRISTI G. LIEBE

2107 Rickover Place
Winter Garden, Florida 34787

FILED
MAY 29 PM 1:00
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
OSCEOLA, FLORIDA

ARTICLE V - Admission of Additional Members:

The Company shall admit new Members only upon the majority written consent of all then existing voting Members of the Company

ARTICLE VI - Initial Registered Agent and Office:

H24000189283 3

The initial registered agent for the Company shall be CHRISTI G. LIEBE, 2107 Rickover Place, Winter Garden, Florida 34787. A copy of the registered agent's acceptance to serve accompanies these Articles.

ARTICLE VII - Amendments:

The Company reserves the right to amend any provision of these Articles of Organization.,

ARTICLE VIII – Member Interests:

The Company is authorized to issue both voting and nonvoting member units. All common member units shall be identical in all respects except the nonvoting member units shall carry no right to vote on any matter except as the State of Florida requires that voting rights be granted nonvoting member interests.

(SIGNATURES ON FOLLOWING PAGE)

FILED

MAY 29 PM 11:00

SPENCER, DONNA

H24000189283 3

IN WITNESS WHEREOF, the undersigned executes these Articles of Organization on this
5/28/2024 | 12:35 PM CDT

DocuSigned by:

Christi Liebe

AC5BC15C3864485
CHRISTI G. LIEBE
Organizer

FILED

MAY 29 PM 12:35
SPENCER, ILL. STATE

H24000189283 3

**ACCEPTANCE OF APPOINTMENT OF
REGISTERED AGENT**

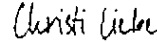
PURSUANT TO THE PROVISIONS OF SECTION 605.415, FLORIDA STATUTES, THE UNDERSIGNED REGISTERED AGENT SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **III-5 THERAPY, LLC**.
2. The name and address of the registered agent is:

CHRISTI G. LIEBE
2107 Rickover Place
Winter Garden, Florida 34787

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in his capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and that he is familiar with and accepts the obligations of his position as registered agent.

DocuSigned by:



AC28C18C8854409

CHRISTI G. LIEBE

Dated 5/28/2024 | 12:35 PM CDT

FILED
MAY 20 PM 1:00
STATE