

L24000489998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

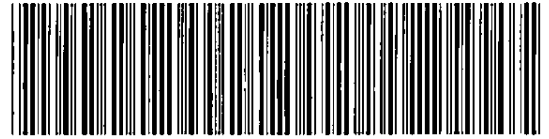
(Business Entity Name)

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(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/21/2024

Acc#I20160000072

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Name:	Spear Physical Therapy 84th St, LLC
Document #:	
Order #:	15993069

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Verifier _____
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Amount: \$ **155.00**

Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spear Physical Therapy 84th St, PLLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

31 East 32nd Street, 4th Floor

New York, New York 10016

Mailing Address:

31 East 32nd Street, 4th Floor

New York, New York 10016

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

Florida

33324

City

State

Zip

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..

C T Corporation System

By:

Kathryn A. Whitehouse, Asst. Secretary

Registered Agent's Signature (REQUIRED)

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