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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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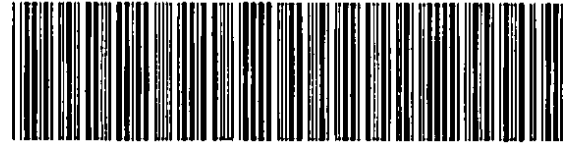
(Business Entity Name)

(Document Number)

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11/19/21--01023--022 **130.00

SR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Versatile Physical Therapy LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Heather Smith Harvey
Name of Person

Firm/Company

1147 Smokey Quartz Blvd.
Address

New Tazewell TN 37825
City/State and Zip Code

heather@versatilephysicaltherapy.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Harvey at 239 839-9842
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.04, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Name of Foreign Limited Liability Company (must include "Limited Liability Company" or "LLC" or "LTD")
Versatile Physical Therapy LLC

(If name unavailable, or if alternative name adopted for the purpose of transacting business in Florida, the alternative name must include "Limited Liability Company" or "LLC" or "LTD".)

2. Jurisdiction under the law of which foreign limited liability company is organized: Tennessee File Number of Application: 87-2858852

4. Date of formation of this company: January 1, 2022
(If the company was formed in a jurisdiction that does not require a filing of formation documents, the date of formation shall be the date of the first filing of documents with the jurisdiction of formation.)

5. Principal Address of Foreign Office: 1147 Smokey Quartz New Address: 27363 St. Martin Lane
New Tazewell TN 37825 Ramrod Key FL 33042

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: Jane Tiedeman
Office Address: 27363 St. Martin Lane
Ramrod Key, Florida 33042

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jane Tiedeman
(Signature of Registered Agent)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Heather Smith Harvey</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1147 Smokey Quartz</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>New Tazewell, TN 37825</u>	<input type="checkbox"/> Authorized	_____
Person _____	_____	Person _____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person _____	_____	Person _____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person _____	_____	Person _____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Heather Smith Harvey
Signature of an authorized person
Heather Smith Harvey
Typed or printed name of officer



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

HEATHER HARVEY
1147 SMOKEY QUARTZ BLVD.
NEW TAZEWEEL, TN 37825

December 7, 2021

Request Type: Certificate of Existence/Authorization

Request #: 0448968

Issuance Date: 12/07/2021

Copies Requested: 1

Document Receipt

Receipt #: 006760032

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3819663397

\$20.00

Regarding: **Versatile Physical Therapy LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 09/25/2021

Status: Active

Duration Term: Perpetual

Business County: CLAIBORNE COUNTY

Control #: 1241524

Date Formed: 10/01/2021

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Versatile Physical Therapy LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

* has indicated in its Articles of Organization (as amended if applicable) that it is a Series LLC.

Tre Hargett
Secretary of State

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