

M22000014954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

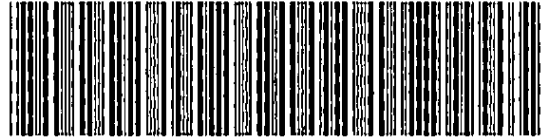
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600394306936

05/20/22--0.022--024 **190.00

2022. 20 F1 7:21

S. FRANKLIN
SEP 27 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORZA 4809 N PALAFOX ST 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:

TRAVIS BONNELL

Name of Person

FORZA 4809 N PALAFOX ST LLC

Firm/Company

7340 SHADELAND STATION

Address

INDIANAPOLIS, IN 46256

City/State and Zip Code

TBONNELL@REHABMEDICAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRAVIS BONNELL

317

468-8163

at ()

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

2022
20 FEB 21

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FORZA 4809 N PALAFOX ST LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FCRE 4809 N PALAFOX ST LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. INDIANA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 09/30/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. FORZA 4809 N PALAFOX ST LLC
(Street Address of Principal Office)

6. FORZA 4809 N PALAFOX ST LLC
(Mailing Address)

4809 N PALAFOX ST

7340 SHADELAND STATION

PENSACOLA, FL 32505

INDIANAPOLIS, IN 46256

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

Name: TRAVIS BONNELL

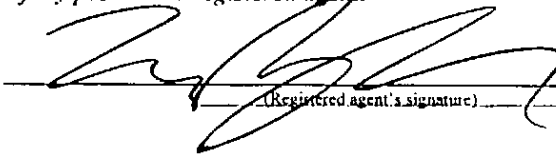
Office Address: 4809 N PALAFOX ST

PENSACOLA, 32505
(City) , Florida (Zip code)

2022 SEP 20 PM 7:21

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.


(Registered agent's signature)

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]:

Title or Capacity: Name and Address:
☒ Manager Name: PATRICK MCGINLEY
☐ Member Address: 7340 SHADELAND STATION
☐ Authorized INDIANAPOLIS, IN 46256
Person
☐ Other ☐ Other

☐ Manager Name: TRAVIS BONNELL
☐ Member Address: 7340 SHADELAND STATION
☒ Authorized INDIANAPOLIS, IN 46256
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

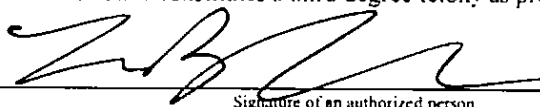
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ 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.



Signature of an authorized person

TRAVIS BONNELL

Typed or printed name of signee

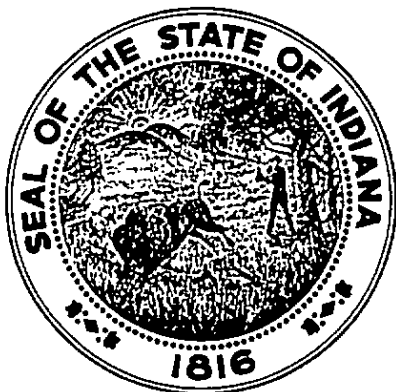
**State of Indiana
Office of the Secretary of State**

**Certificate of Organization
of
FORZA 4809 N PALAFOX ST LLC**

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

2022-09-20 PM 7:21

NOW, THEREFORE, with this document I certify that said transaction will become effective
Wednesday, September 07, 2022.



In Witness Whereof, I have caused to be affixed my
signature and the seal of the State of Indiana, at the City
of Indianapolis, September 07, 2022.

HOLLI SULLIVAN
SECRETARY OF STATE

202209071621223 / 9551275

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>