

M23000015149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

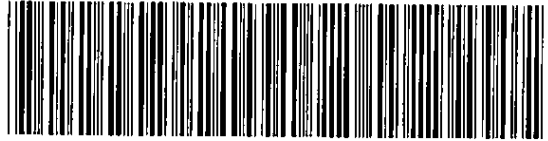
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

W23-159146

Office Use Only



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APPROVAL  
AND  
FILED

2023 NOV 28 PM 12:17

RECEIVED

2023 NOV 28 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 02 2023

K Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2023

CT

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: RIGHTMOVE PHYSICAL THERAPY SERVICES PLLC  
Ref. Number: W23000159146

We have received your document for RIGHTMOVE PHYSICAL THERAPY SERVICES PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 523A00027224

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2023 DEC - 1 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/28/2023

Acc#I20160000072

*Erin Boyle*

Name:	RightMove Physical Therapy Services PLLC
Document #:	
Order #:	15237284 - 1

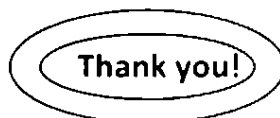
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:  
erin.boyle@rightmovehealth.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**



**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. RightMove Physical Therapy Services PLLC **LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

RightMove Physical Therapy Services 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. Connecticut

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

3. applied for

(FEI number, if applicable)

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

5. 5312 Zenith Ave So

(Street Address of Principal Office)

Minneapolis, MN 55410

6. RightMove c/o Lisa French

(Mailing Address)

5312 Zenith Ave So

Minneapolis, MN 55410

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324

(City)

Florida

(Zip code)

**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.*

Meredith Hellwig

Meredith Hellwig, Assistant Secretary

(Registered agent's signature)

2023 NOV 28 PM 12:17  
FILED  
APPROVED  
AND  
FILED

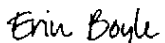
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Erin Boyle</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>5312 Zenith Ave So</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Minneapolis, MN 55410</u>	<input type="checkbox"/> Authorized	_____
Person	<u>c/o Lisa French</u>	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.

DocuSigned by:  
  
 1A30024FCC764CD...  
 \_\_\_\_\_  
 Signature of an authorized person

Erin Boyle

Typed or printed name of signer

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, November 27, 2023 4:16 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed; and so far, as indicated by the records of this office, such limited liability company is in existence.

### Business Details

Business Name / RIGHTMOVE PHYSICAL THERAPY SERVICES PLLC

Business ALEI / US-CT.BER:2886450

Formation Date / 11/06/2023



Secretary of the State