

M18000009448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

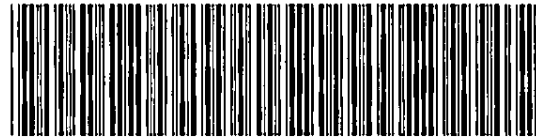
(Business Entity Name)

(Document Number)

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

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10/05/18--01022--017 \*\*100.00

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10/05/18--01022--019 \*\*30.00

10/05/18--01022--020 \*\*5.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2018

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mobilize 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:

William buchanan

Name of Person

Mobilize Physical Therapy, LLC

Firm/Company

2316 E Doublegate Dr.

Address

Albany, Ga 31721

City/State and Zip Code

Wilbuchanan14@gmail.com

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

For further information concerning this matter, please call:

Ben Haggerty

Name of Contact Person

at ( 229 )

Area Code

809-7179

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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

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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. Mobilize Physical Therapy, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Buchanan Therapy, 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. State of Georgia 3. 82-4179183  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2316 E Doublegate Dr 6. 2316 E Doublegate Dr  
(Street Address of Principal Office) (Mailing Address)  
Albany, Ga 31721 Albany, Ga 31721

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

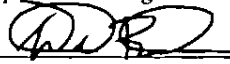
Name: William Buchanan

Office Address: 9773 Bowline Dr

Royal Palm Beach Florida 33411  
(City) (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.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:


Title or Capacity: Name and Address: Title or Capacity: Name and Address:

<u>Sole Owner</u>	<u>William Buchanan</u>	_____	_____
	<u>2316 E Doublegate Dr</u>	_____	_____
	<u>Albany, Ga 31721</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

William Buchanan  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Mobilize Physical Therapy, LLC**  
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **01/14/2018** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

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TALLAHASSEE, FLORIDA

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **01/26/2018**.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State