

W07000017005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

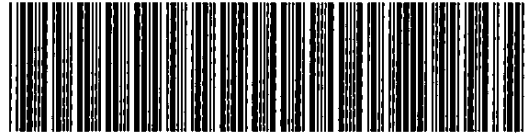
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900087456569

02/13/07--01002--003 \*\*130.00

2007 FEB 13 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

W07-17005  
QR

RECEIVED  
3-17-07

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Therapies & Medical Massage LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eileen Rappaport, RN, BSN  
(Name of Person)

American Therapies & Medical Massage LLC  
(Firm/Company)

9793 SW Santa Monica Drive  
(Address)

Palm City, FL 34990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen Rappaport, RN, BSN at ( 772 ) 233-3617  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
2/10/07 FEB 13 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

American Therapies & Medical Massage LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

9793 SW Santa Monica Drive  
Palm City, FL 34990

9793 SW Santa Monica Drive  
Palm City, FL 34990

**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:

Eileen Rappaport, RN, BSN  
Name

9793 SW Santa Monica Drive  
Florida street address (P.O. Box **NOT** acceptable)

Palm City FL 34990  
City, State, and Zip

FILED  
2007 FEB 13 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S..*

Eileen Rappaport, RN, BSN  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE  
3-1-07

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Eileen Rappaport, RN, BSN

9793 SW Santa Monica Drive

Palm City, FL 34990

MGRM

Yini Perel, LMT

9496 Boca River Circle

Boca Raton, FL 33434

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 1, 2007 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Eileen Rappaport, RN, BSN*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Eileen Rappaport, RN, BSN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 FEB 13 PM 1:28

FILED

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)