

LO7000073614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

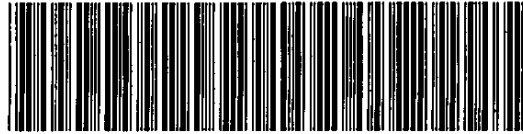
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THERAPISTS ALLIANCE FOR LANGUAGE AND KNOWLEDGE L L C
(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:

PHILIP J TESTA

(Name of Person)

P. J. TESTA ACCOUNTANT P A

(Firm/Company)

4726-B N. LOIS AVE.

(Address)

TAMPA, FL. 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

P. J. TESTA

(Name of Person)

at (**813**) **877-9615**

(Area Code & Daytime Telephone Number)

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:

THERAPISTS ALLIANCE FOR LANGUAGE AND KNOWLEDGE L L C

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3709 W. HAMILTON AVE STE 2
TAMPA, FL. 33614

SAME

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:

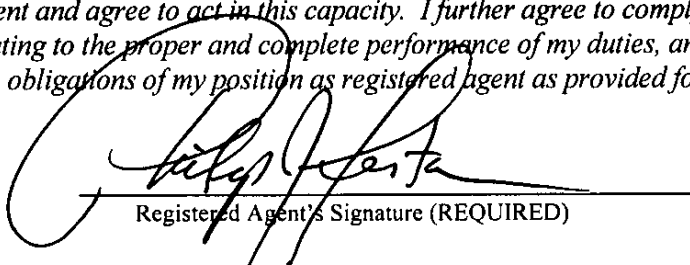
PHILIP J TESTA SR
Name

4726-B N. LOIS AVE.
Florida street address (P.O. Box **NOT** acceptable)

TAMPA, FL. 33614 FL
City, State, and Zip

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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.


Registered Agent's Signature (REQUIRED)

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

JMB SPEECH / LANGUAGE PATHOLOGY SER. INC
3709 W. HAMILTON AVE. STE 2
TAMPA, FLORIDA 33614 US

MGRM

FEIN, MARGARET
2510 W. WATERS AVE
TAMPA, FL 33614 US

MGRM

GILDAR ENID & ASSOCIATES, INC
8019 N. HIMES AVE.
TAMPA, FL 33614 US

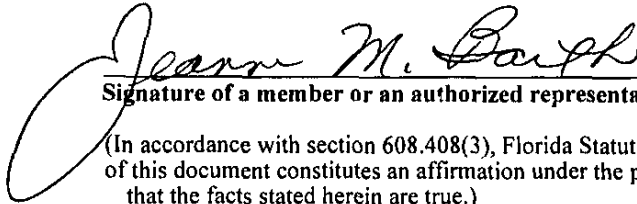
SEE ATTACHED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/13/2007 (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:


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.)

JEANNE M BARTH

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

CONTINUATION OF REGISTRATION SECTION
DIVISION OF CORPORATION

SUBJECT NAME: THERAPISTS ALLIANCE FOR LANGUAGE AND KNOWLEDGE
LLC

CONTINUATION OF ARTICLE IV - MANAGER(S) OR Managing member(s):

MGRM	HUMPHREY, MARY 19007 BRUCE B DOWNS BLVD TAMPA, FL 33647 U.S.
MGRM	JONES & LORRAINE & ASSOCIATES INC 16546 N. DALE MABRY HWY TAMPA, FL 33624 U.S.
MGRM	CHILDRENS CHOICE FOR THERAPY INC 6924 W. LINEBAUGH AVE TAMPA, FL 33625
MGRM	VOICE INSTITUTE, INC 722 W. DR. MARTIN LUTHER KING BLVD TAMPA, FL 33603 U.S.
MGRM	KIDS THERAPY INC 605 W, BLOOMINGDALE RD BRANDON, FL 33511
MGRM	PASK, LORI 7801 GREENSHIRE DR. TAMPA, FL 33634 U.S.