

L040000 51479

Alfonso Correa

(Requestor's Name)

2624 SW 139th Ave.

(Address)

Miramar

(Address)

Miramar, FL 33027

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

Speech Therapy Plus LLC

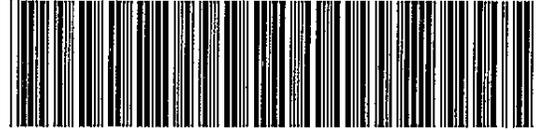
(Business Entity Name)

(Document Number)

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

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Office Use Only



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06/25/04--01013--027 \*\*160.00

FILED  
JUN 25 2004  
MIRAMAR, FL

L04-51479  
AK



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 28, 2004

CYNTHIA ORTIZ-CORREA & ALFONSO CORREA  
2624 SW 139TH AVENUE  
MIRAMAR, FL 33027

SUBJECT: SPEECH THERAPY PLUS LLC  
Ref. Number: W04000024803

We have received your document for SPEECH THERAPY PLUS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 804A00042184

ALFONSO CORREA  
TALLAHASSEE, FLORIDA

JUN 29 10 41 AM '04

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Speech Therapy Plus 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:

Cynthia Ortiz-Correa & Alfonso Correa  
(Name of Person)

Speech therapy Plus LLC  
(Firm/Company)

2624 SW 139th Ave  
(Address)

Miramar, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfonso Correa at ( 954 ) 240-1175  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Speech Therapy Plus LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2624 SW 139th Ave

Miramar, FL 33027

**Mailing Address:**

Same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Alfonso Correa

Name

2624 SW 139th Ave

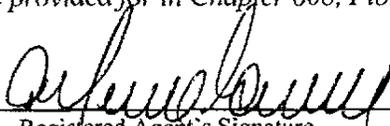
Florida street address (P.O. Box **NOT** acceptable)

Miramar, FL 33027

FLORIDA

City, State, and Zip

*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, Florida Statutes..*

  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA  
OCT 11 12 AM 6:58

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**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:**

MGR

Cynthia Ortiz-Correa  
2624 SW 139th Ave  
Miramar, FL 33027

MGR

Alfonso Correa  
Same

\_\_\_\_\_

\_\_\_\_\_

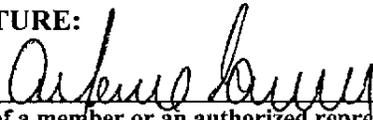
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(Use attachment if necessary)

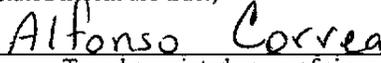
**NOTE: An additional article must be added if an effective date is requested.**

**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.)



\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALAHASSEE FLORIDA

04 JUL 12 AM 8:58

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