

L16000111476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

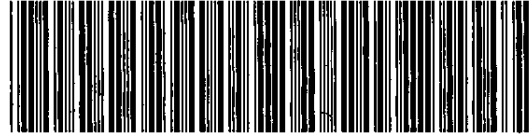
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286273309

06/03/16--01007--007 **125.00

FILED
SECRETARY OF STATE
DIVISION OF BUSINESS REGISTRATION
16 JUN -3 PM 2:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rehabilitation, Education, And Consultation L.L.C.
Name of Limited Liability Company (R.E.C.)

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

Please return all correspondence concerning this matter to the following:

Eric Kirby

Name of Person

Firm/Company

209 Mystic Castle Dr.

Address

St Augustine, FL 32086

City/State and Zip Code

info@thetherapypros.com

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

For further information concerning this matter, please call:

Eric Kirby

Name of Person

at (773)

Area Code

531-8407

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

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

Street Address

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

16 JUN -3 PM 2:04

RECEIVED
DIVISION OF CORPORATIONS
JUN 16 2004

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR + MGR

Eric Kirby
209 MYSTIC CASTLE DR.
ST. AUGUSTINE, FL 32086

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-01-2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

NA

REQUIRED SIGNATURE:

Eric Kirby

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

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.

Eric Kirby

Typed or printed name of signee

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)

16 JUN -3 PM 2:04