

L16000/61016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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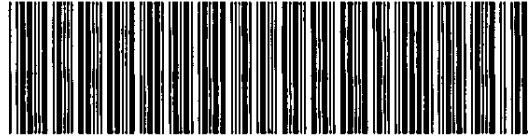
(Business Entity Name)

(Document Number)

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W16-57096

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16 AUG 30 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

EDWARD T. MCMANUS, CPA
MCMANUS & CO., P.C.
309 EAST MAIN STREET
ROCKAWAY, NJ 07866

SUBJECT: EARLY INTERVENTION THERAPY LLC
Ref. Number: W16000057096

We have received your document for EARLY INTERVENTION THERAPY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

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) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 116A00017415

McManus & Co., P.C., *Certified Public Accountants*

309 East Main Street, Rockaway, NJ 07866

Tel: 973-664-1065 • Fax: 973-664-1045

350 5th Avenue, Suite 6800, New York, NY 10118

E-mail: info@mcmanuscpa.com

August 25, 2016

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

Re: Articles of Organization: EARLY INTERVENTION THERAPY LLC
Ref#: W16000057096

Dear Revenue Agent:

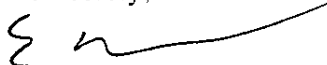
We are the accountants for the above- mentioned. Please find the attached resubmission of the Articles of Organization.

Please mail all correspondence to: Edward T. McManus, CPA
C/O McManus & Co., P.C.
309 East Main Street
Rockaway, NJ 07866

If you have any questions, please call (973)664-1065

Thank you.

Sincerely,



Edward T. McManus, CPA

ET/gm
Encl.

McManus & Co., P.C., *Certified Public Accountants*

309 East Main Street, Rockaway, NJ 07866
350 5th Avenue, Suite 6800, New York, NY 10118

Tel: 973-664-1065 • Fax: 973-664-1045
E-mail: info@mcmanuscpa.com

August 2, 2016

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

Re: Articles of Organization: EARLY INTERVENTION THERAPY LLC

Dear Revenue Agent:

We are the accountants for the above-mentioned. Please form the attached LLC in the State of Florida. We have enclosed the Articles of Organization and a check, number 1006, in the amount of \$125.00 for the filing fee.

Please mail all correspondence to: Edward T. McManus, CPA
C/O McManus & Co., P.C.
309 East Main Street
Rockaway, NJ 07866

Thank you.

Sincerely,



Edward T. McManus, CPA

ET/gm
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EARLY INTERVENTION THERAPY 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:

EDWARD T. McMANUS, CPA

Name of Person

McMANUS & CO., P.C.

Firm/Company

309 EAST MAIN STREET

Address

ROCKAWAY, NJ 07866

City/State and Zip Code

info@mcmanuscpa.com

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

For further information concerning this matter, please call:

Edward T. McManus, CPA

973

664-1065

at ()

Name of Person

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EARLY INTERVENTION THERAPY LLC

(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:

15016 RAPOLLA DRIVE
DELRAY BEACH, FL 33446

Mailing Address:

15016 RAPOLLA DRIVE
DELRAY BEACH, FL 33446

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:

VALERIE GROSS

Name

15016 RAPOLLA DRIVE

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

<u>DELRAY BEACH</u>	<u>FL</u>	<u>33446</u>
City	State	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 605, F.S..

Valerie Gross

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

VALERIE GROSS

15016 RAPOLLA DRIVE

DELRAY BEACH, FL 33446

AMBR

MICHAEL GROSS

15016 RAPOLLA DRIVE

DELRAY BEACH, FL 33446

AMBR

ANDREW SCOTT

1170 N FEDERAL HIGHWAY

FORT LAUDERDALE, FL 33304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE:



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.

VALERIE GROSS

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)

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16 AUG 30 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA