

L03000037313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

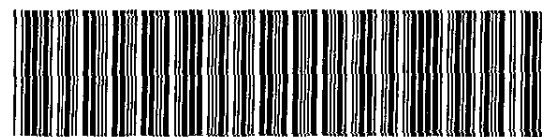
(Business Entity Name)

(Document Number)

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09/30/03--01003--008 **25.00

WL 10/1

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DIVISION OF CORPORATIONS
03 SEP 30 AM 8:35

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & R REHAB CONSULTANTS 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:

RANDY LYONS
(Name of Person)

L & R REHAB CONSULTANTS LLC
(Firm/Company)

12467 62ND STREET NORTH #103
(Address)

LARGO FL 33773
(City/State and Zip Code)

For further information concerning this matter, please call:

RANDY LYONS at (727) 530-3550
(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

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 24, 2003

RANDY LYONS
L & R REHAB CONSULTANTS LLC
12467 62ND STREET NORTH #103
LARGO, FL 33773

SUBJECT: L & R REHAB CONSULTANTS LLC
Ref. Number: W03000027394

We have received your document for L & R REHAB CONSULTANTS LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 003A00052659

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Re: L & R Rehab Consultants L1

Enclosed is remaining amount owed
for forming the LLC. Please
continue to process the
organization application. Thank You.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L & R REHAB CONSULTANTS LLC

ARTICLE II - Address:

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

Principal Office Address:

12467 62ND STREET NORTH #103

LARGO, FL 33773

Mailing Address:

12467 62ND STREET NORTH #103

LARGO, FL 33773

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

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

RANDY LYONS

Name

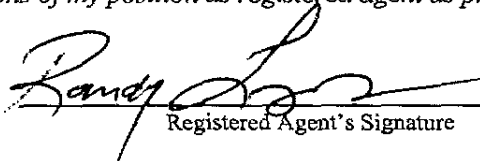
12467 62ND STREET NORTH #103

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

LARGO FL 33773

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, F.S..


Registered Agent's Signature

(CONTINUED)

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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:

MGRM

RANDY LYONS

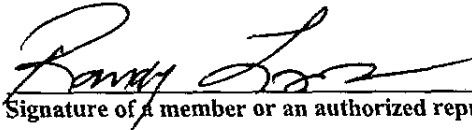
12467 62ND STREET NORTH #103

LARGO, FL 33773

(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.)

RANDY LYONS

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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