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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 22, 2004

MARGARET B CRISWELL  
2020 OAK STREET N.E.  
ST PETERSBURG, FL 33704

SUBJECT: BAY AREA REHAB HOMES LLC  
Ref. Number: W04000002766

We have received your document for BAY AREA REHAB HOMES 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 004A00003940

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04 JAN 26 11 56 00

Margaret B. Brisswell  
2020 Oak St. N.E.  
St. Petersburg, Fl. 33704

ph# Hm: 727-822-0749  
cell#s 727-580-9950  
727-409-4698

# 800090609

04 JUN 29 11 00

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JAN. 8. 2004 12:33PM

HARPER VAN SCOIK

NO. 107

P. 3

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: BAY AREA REHAB HOMES 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:

MARGARET B CRISWELL  
(Name of Person)

BAY AREA REHAB HOMES LLC  
(Firm/Company)

2020 GAIL STREET N.E.  
(Address)

ST PETERSBURG, FL 33704  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET B CRISWELL at 727, 409-4698  
(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

04 JUN 23 9 00  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BAY-AREA REHAB HOMES 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:2020 OAK STREET N.E.2020 OAK STREET N.E.ST PETERSBURG, FL 33704ST PETERSBURG, FL 33704**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARGARET B. CRISWELL

Name

2020 OAK STREET NE.Florida street address (P.O. Box NOT acceptable)ST PETERSBURG FLORIDA 33704

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.*

Margaret B. Criswell

Registered Agent's Signature

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NO. 107 P. 5

**ARTICLE IV. Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGPM" = Managing Member

MGR

MARGARET A. CRISWELL

2000 OAK STREET NW

ST. PETERSBURG, FL 33704

(Use attachment if necessary)

**ARTICLE V. DATE**

BY AVERA RICHARD HANCOCK LLC

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

**REQUIRED SIGNATURE:**

Margaret B. Criswell

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 penalty of perjury that the facts stated herein are true.)

MARGARET A. CRISWELL

Typed or printed name of signer

**Filing Fee:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 20.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

06 JAN 21 2004