

U040000034571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

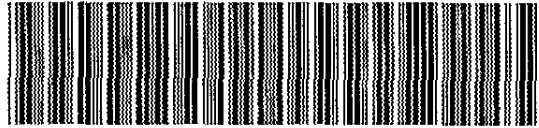
Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

4/30 FL LC

WS

Office Use Only



700033952777

04/30/04--01063--007 **130.00

1 0000

04 APR 30 PM 2:21

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leaps & Bounds Occupational Therapy Services, 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:

Makesha Attoyua Bush

(Name of Person)

Leaps & Bounds Occupational Therapy Services, LLC

(Firm/Company)

P. O. Box 513

(Address)

Gretna, Florida 32332

(City/State and Zip Code)

For further information concerning this matter, please call:

Makesha Bush

(Name of Person)

at (850)

856-9036

(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Leaps & Bounds Occupational Therapy Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box 513

Gretna, Florida 32332

Mailing Address:

P. O. Box 513

Gretna, Florida 32332

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

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

Makesha A. Bush

Name

90 W. Circle Drive

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

Gretna,

FLORIDA

City, State, and Zip

04 APR 30 PM 2:21

FILED

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..

Makesha Altonia Bush
Registered Agent's Signature

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- Manager

Makesha Attoyua Bush

P. O. Box 513

Gretna, Florida 32332

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Makesha Attoyua Bush

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.)

Makesha Attoyua Bush

Typed or printed name of signer

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)