

L04000041427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

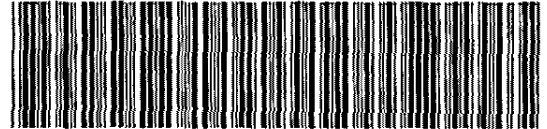
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100036258931

05/21/04--01072--017 **125.00

FILED
2004 JUN -2 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James Jorda GAVE
AUTHORIZATION BY PHONE TO
CORRECT suffix to be LLC
DATE 6/1 @ 1:58 pm
DOC. EXAM J. Bryan

W04-209.
J. BRYAN MAY 28?

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Rehab Solutions 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:

JAMES INDA
(Name of Person)

HOME REHAB SOLUTIONS
(Firm/Company)

864 BLAIRMONT LANE
(Address)

LAKE MARY, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES INDA at (321) 277-1983
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN -2 PM 2:02

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 28, 2004

JAMES INDA
HOME REHAB SOLUTIONS
864 BLAIRMONT LANE
LAKE MARY, FL 32746

SUBJECT: HOME REHAB SOLUTIONS
Ref. Number: W04000020918

FILED
2004 JUN -2 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co.", "L.C." or "L.L.C."

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 904A00037484

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN -2 PM 2:02

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOME REHAB SOLUTIONS LLC

ARTICLE II - Address:

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

Principal Office Address:

864 BLAIRMONT LANE

LAKE MARY, FL

32746

Mailing Address:

864 BLAIRMONT LANE

LAKE MARY, FL

32746

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

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

JAMES INDA

Name

864 BLAIRMONT LANE

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

LAKE MARY

FLORIDA

32746

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..


Registered Agent's Signature

FILED
2004 JUN -2 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

JAMES INDA (MGRM)

JAMES INDA

864 BLAIRMONT LANE

LAKE HAVY, FL 32746

Sean Yoo (MGRM)

Sean Yoo

1156 Lady Susan Dr.

Casselberry, FL 32707

Paul Lorusse (MGRM)

Paul R Lorusse

4133 Cummings St.

Orlando, FL 32828

(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.)

JAMES INDA

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)