

LO4000045609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

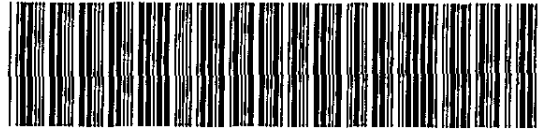
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOTES RE: 4000045609  
NEW 15.04-010.28-004 \*\*160.00

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DIVISION OF CORPORATIONS  
04 JUN 16 PM 3:02

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kids In Motion Pediatric 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:

Kimberly Crete  
(Name of Person)

Kids In Motion Pediatric Therapy, LLC  
(Firm/Company)

131 Saturn Bd.  
(Address)

St. Augustine, FL 32086  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Crete at (904) 669-4285  
(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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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kids In Motion Pediatric Therapy, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

131 Saturn Rd.  
St. Augustine, FL  
32086

**Mailing Address:**

131 Saturn Rd.  
St. Aug, FL  
32086

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

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

Kimberly Crete  
Name

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

St. Augustine, FL FLORIDA 32086  
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..

Kimberly Crete  
Registered Agent's Signature

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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:**

~~Kimberly Crete~~  
MGRM

MGRM

Kimberly Crete  
131 Saturn Rd.  
St. Augustine, FL 32086

Richard Crete  
131 Saturn Rd.  
St. Augustine, FL 32086

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Kimberly Crete  
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.)

Kimberly Crete  
Typed or printed name of signer

**Filing Fees:**

\$160.00 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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