

L040000 51479

Alfonso Correa
(Requestor's Name)

2624 SW 139th Ave.
(Address)

Miramar
(Address)

Miramar, FL 33027
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

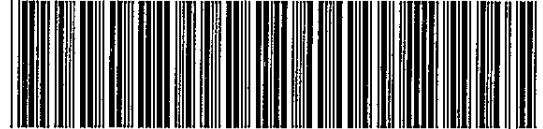
Speech Therapy Plus LLC
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/25/04--01013--027 **160.00

FILED

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L04-51479
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 28, 2004

CYNTHIA ORTIZ-CORREA & ALFONSO CORREA
2624 SW 139TH AVENUE
MIRAMAR, FL 33027

SUBJECT: SPEECH THERAPY PLUS LLC
Ref. Number: W04000024803

We have received your document for SPEECH THERAPY PLUS 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):

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 804A00042184

FILED
JUL 12 2004
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Speech Therapy Plus 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:

Cynthia Ortiz-Correa & Alfonso Correa
(Name of Person)

Speech therapy Plus LLC
(Firm/Company)

2624 SW 139th Ave
(Address)

Miramar, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfonso Correa at (954) 240-1175
(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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Speech Therapy Plus LLC

ARTICLE II - Address:

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

Principal Office Address:

2624 SW 139th Ave

Miramar, FL 33027

Mailing Address:

Same

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

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

Alfonso Correa

Name

2624 SW 139th Ave

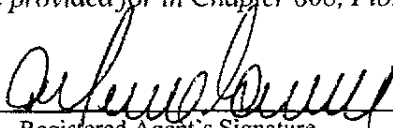
Florida street address (P.O. Box **NOT** acceptable)

Miramar, FL 33027

FLORIDA

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

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TALLAHASSEE, FLORIDA

OCT 12 AM 8:58

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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:

MGR

Cynthia Ortiz-Correa

2624 SW 139th Ave

Miramar, FL 33027

MGR

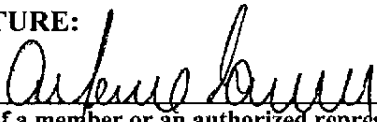
Alfonso Correa

Same

(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.)

Alfonso Correa
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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04 JUL 12 AM 8:56

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