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(City/State/Zip/Phone #)

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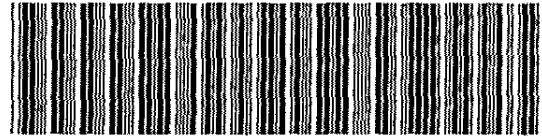
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STATE OF FLORIDA  
TALLAHASSEE

04 JUL 20 PM 2:04

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAC Rehabs, 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:

Thomas A. Solberg, Esq.

(Name of Person)

(Firm/Company)

3045 N. Caves Valley Path

(Address)

Lecanto, Florida 34461

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas A. Solberg

(Name of Person)

at ( 352 ) 746-0475

(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

*Enclosed is check for \$125 to cover filing  
fee on Articles and Designation.*

*7/15/04*

*Thomas A. Solberg*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAC Rehabs, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3145 W. Bermeuda Dunes Drive

Lecanto, Florida 34461

**Mailing Address:**

Same as Principal Office

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

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

Cynthia A. Higgins

Name

3145 W. Bermuda Dunes Drive

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

Lecanto

FLORIDA 34461

City, State, and Zip

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04 JUL 20 PM 2:04  
STATE OF FLORIDA  
TALLAHASSEE FLORIDA

*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

**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:**

The LLC is member managed, there is no  
Manager, Cynthia A. Higgins is the Managing  
Member

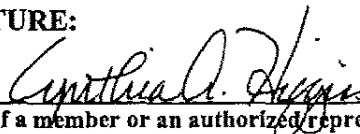
MGRM

Cynthia A. Higgins  
3145 W. Bermuda Dunes Drive  
Lecanto, Florida 34461

(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.)

Cynthia A. Higgins, Member

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)