

LOS 0000005728

2005 JAN -1 P 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

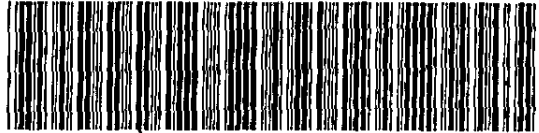
(Document Number)

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

Special Instructions to Filing Officer:

RL

Office Use Only



100043731541

01/07/05--01008--012 \*\*155.00

WILLIAM T. KIRTLEY, P. A.

ATTORNEY AT LAW

TELEPHONE  
(941) 366-4222  
FAX  
(941) 366-4007

FILED

1716 RINGLING BOULEVARD  
SARASOTA, FLORIDA 34236

2005 JAN -7 P 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 4, 2005

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: RETURN TO WORK AMERICA, L.L.C.

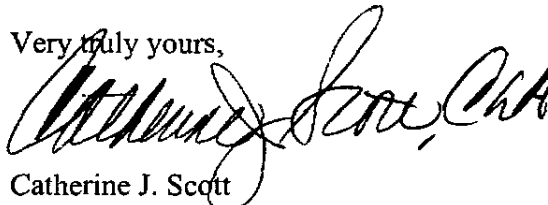
Gentlemen:

Enclosed for filing with your office are Articles of Organization for RETURN TO WORK AMERICA, L.L.C. Also enclosed is a check in the amount of \$155 to cover the filing fee, the Registered Agent fee and the cost of one certified copy.

Please return the certified copy of the Articles of Organization to the undersigned at your earliest convenience. If you have any questions with respect to this filing, please contact the undersigned.

Thank you for your assistance with this filing.

Very truly yours,



Catherine J. Scott  
Certified Legal Assistant

Enclosures

**ARTICLES OF ORGANIZATION  
OF  
RETURN TO WORK AMERICA, L.L.C.**

**FILED**  
2005 JAN -7 P 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

RETURN TO WORK AMERICA, L.L.C.

**ARTICLE II - ADDRESS**

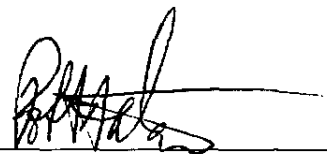
The mailing address and street address of the principal office of the Limited Liability Company is: 1945 17<sup>th</sup> Street, Sarasota, Florida 34234.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE  
AND RESIDENT AGENT'S SIGNATURE**

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

Robert Wilson  
1945 17<sup>th</sup> Street  
Sarasota, Florida 34234

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.

  
\_\_\_\_\_  
ROBERT WILSON

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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.

Dated at Sarasota, Florida this 15<sup>th</sup> day of April, 2004.

WORKERS COMPENSATION.COM, L.L.C.

By

  
ANITA ROTHARD

FILED

2005 JAN -7 P 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA