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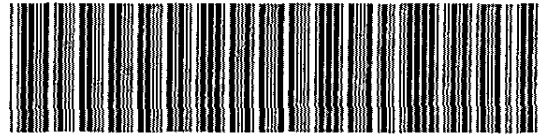
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Technology Training & Therapy For Independence, LLC
931 S.W. 4th Place
Cape Coral, Florida 33991
(239) 772-0715

February 20, 2005


Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Technology Training & Therapy For Independence, LLC

Dear Sir or Madam:

Enclosed are an original and one (1) copy of the Articles of Organization and a Certificate of Designation of Registered Agent/Registered Office, along with a check in the amount of \$155.00 for payment of the filing fee and a certified copy.

Sincerely,


Nancy L. Hoppe
Registered Agent
Technology Training & Therapy For Independence, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is:

Technology Training & Therapy For Independence, LLC

ARTICLE II: Address:

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

C/O Nancy L. Hoppe
931 S.W. 4th Place
Cape Coral, Florida 33991

ARTICLE III: Registered Agent

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

Nancy L. Hoppe
931 S. W. 4th Place
Cape Coral, Florida 33991

ARTICLE IV: Management

 The Limited Liability Company is to be a manager – managed company.

 x The Limited Liability Company is to be managed by the members.

(In accordance with st. 608.408(3) Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true).


NANCY L. HOPPE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.


1. The name of the Limited Liability Company is:

Technology Training & Therapy For Independence, LLC

2. The name and the street address of the registered agent are:

Nancy L. Hoppe
931 S. W. 4th Place
Cape Coral, FL 33991

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.


NANCY L. HOPPE
REGISTERED AGENT

2005 MAR 17 P 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**SCHEDULE A TO LIMITED LIABILITY COMPANY
OPERATING OR MANAGEMENT AGREEMENT OF
TECHNOLOGY TRAINING & THERAPY FOR INDEPENDENCE, LLC**

INITIAL MEMBER(S) The initial member(s) are:

Nancy L. Hoppe
931 S.W. 4th Place
Cape Coral, Florida 33991

Catherine P. Rose
1675 Temple Terrace
North Fort Myers, Florida 33917

CAPITAL CONTRIBUTION(S): The capital contribution(s) of the member(s) is/are:

Each member to make equal contributions to the Limited Liability Company.

PROFITS AND LOSSES: The profits, losses and other tax matters shall be allocated among the members in the following percentages:

Nancy L. Hoppe as to (50%) fifty percent ownership

Catherine P. Rose as to (50%) fifty percent ownership

4. **MANAGEMENT:** The company shall be managed by:

Nancy L. Hoppe

5. **REGISTERED AGENT:** The initial registered agent and registered office of the company are:

Nancy L. Hoppe
931 S. W. 4th Place
Cape Coral, Florida 33991

6. **TAX MATTERS:** The tax matters partner is:

Nancy L. Hoppe

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TALLAHASSEE, FLORIDA