

L05000030219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

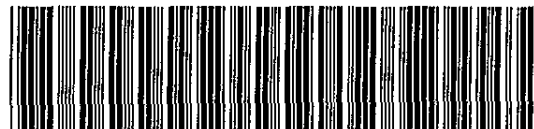
(Business Entity Name)

(Document Number)

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

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05 MAR 25 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lisa Branton, PLLC  
(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:

Lisa Branton  
(Name of Person)

Lisa Branton, PLLC  
(Firm/Company)

8844 Meadowbrook Drive  
(Address)

W05-12383

Pensacola, Florida 32514  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Branton at ( 850 ) 723-4305  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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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MAR 25 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 10, 2005

LISA BRANTON  
LISA BRANTON, PLLC  
8844 MEADOWBROOK DRIVE  
PENSACOLA, FL 32514

SUBJECT: LISA BRANTON, PLLC  
Ref. Number: W05000012383

We have received your document for LISA BRANTON, PLLC 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 specific purpose of the entity must be set forth in the document.

Please either add an additional article to your document, or change your suffix to one of the suffixes listed below.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 005A000165

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAR 25 AM 11:14

FILED

March 22, 2005

Attn: LEE RIVERS  
P.O. BOX 6327  
Tallahassee, Florida 32314

SUBJECT: LISA BRANTON, PLLC  
Ref. Number: w05000012383

Your letter states you have received my document for LISA BRANTON, PLLC and my check totaling \$160.00. However, you requested a document stating the specific purpose of the entity.

The purpose of LISA BRANTON, PLLC is for providing **OCCUPATIONAL THERAPY** services. I believe that occupational therapy would be considered a profession and thus qualify for the PLLC.

Please let me know if this is corrected or if additional information is needed.

Thank you for your attention,

  
Lisa Branton, OTR/L

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05 MAR 25 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Lisa Branton, PLLC

### ARTICLE II - Address:

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

#### Principal Office Address:

8844 Meadowbrook Drive  
Pensacola, Florida 32514

#### Mailing Address:

8844 Meadowbrook Drive  
Pensacola, Florida 32514

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

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

Jim Branton

Name

8844 Meadowbrook Drive

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

Pensacola, Florida 32514

FL

City, State, and Zip

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05 MAR 25 AM 11:14  
SECRETARY OF STATE  
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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**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 - owner

**Name and Address:**

MGRM

Lisa Branton

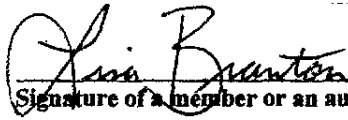
8844 Meadowbrook Drive

Pensacola, Florida 32514

ARTICLE V -- Purpose: The purpose of the PLLC is to provide  
occupational therapy.

**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.)

Lisa Branton

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FLORIDA