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TALLAHASSEE FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rehab Therapy Provider 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:

DOMISITA C. MERCADER  
(Name of Person)

Rehab Therapy Provider LLC.  
(Firm/Company)

15520 Granby Pl.  
(Address)

Tampa, FL 33624  
(City/State and Zip Code)

For further information concerning this matter, please call:

Domisita C. Mercader at (813) 390-7375  
(Name of Person) (Area Code & Daytime Telephone Number)  
813 269 8822

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 2, 2005

DOMISITA G. MERCADER  
REHAB THERAPY PROVIDER LLC  
15520 GRANBY PL  
TAMPA, FL 33624

SUBJECT: REHAB THERAPY PROVIDER LLC  
Ref. Number: W05000036501

We have received your document for REHAB THERAPY PROVIDER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The Articles submitted are missing page 2. Please complete, sign and return for processing.,

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 405A00049855

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rehab Therapy Provider LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

15520 Granby Pl.  
Tampa, Fl.  
33624

**Mailing Address:**

15520 Granby Pl.  
Tampa, Fl.  
33624

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

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

DOMISITA G. MERCADER  
Name

15520 Granby Pl.  
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33624  
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, F.S.*

*Domisita G. Mercader*  
Registered Agent's Signature

(CONTINUED)

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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:**

Mgrm

Domisita Mercader  
15520 Guadalupe Pl  
Tampa, Fl. 33624

Mgrm

May Azaou  
8734 Martinique Lane  
Port Richey, Fl. 34668

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Domisita Mercader

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.)

DOMISITA MERCADER  
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

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