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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

## INTEGRATIVE SPEECH REHAB LLC

Certificate of Status	0
Certified Copy	1
Page Count	023
Estimated Charge	\$155.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
INTEGRATIVE SPEECH REHAB LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13950 SW 90 TERRACE  
MIAMI, FL 33186

**Mailing Address:**

13950 SW 90 TERRACE  
MIAMI, FL 33186

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

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

JOHNNY MEJIA

Name

120 NE 213TH STREET

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

MIAMI

FL 33179

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.*

  
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

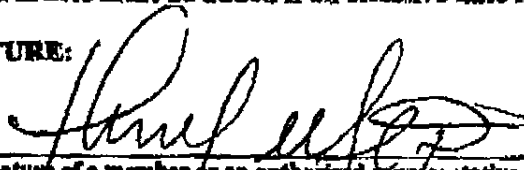
**Name and Address:**

<u>MGRM</u>	JOHNNY MEJIA 120 NE 213TH STREET MIAMI, FL 33179
<u>MGRM</u>	DIANE PETERS 13950 SW 90 TERRACE MIAMI, FL 33186
<u>MGRM</u>	KENNETH PETERS 13950 SW 90 TERRACE MIAMI, FL 33186
<u>MGRM</u>	NATALIA MEJIA 120 NE 213TH STREET MIAMI, FL 33179

(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.)

JOHNNY MEJIA  
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)

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