

L05000115868

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EFFECTIVE DATE  
11/10/05

11/15/05--01045--003 \*\*125.00

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2005 NOV 15 PM 1:20  
TALLAHASSEE, FLORIDA

W05-51912  
NOV 21 2005

DEC 6 2005

## COVER LETTER

TO: • Registration Section  
Division of Corporations

SUBJECT: ISLAND THERAPY SERVICES, 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:

TISHANA WOKOCHA

(Name of Person)

ISLAND THERAPY SERVICES, LLC

(Firm/Company)

3917 5TH STREET WEST

(Address)

LEHIGH ACRES, FLORIDA 33971

(City/State and Zip Code)

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2008 NOV 15 PM 1:20  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TISHANA WOKOCHA

(Name of Person)

at ( 239 )

369-9437

(Area Code & Daytime Telephone Number)

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)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 21, 2005

TISHANA WOKOCHA  
ISLAND THERAPY SERVICES, LLC  
3917 5TH STREET WEST  
LEHIGH ACRES, FL 33971

SUBJECT: ISLAND THERAPY SERVICES, "LLC"  
Ref. Number: W05000051912

FILED  
2005 NOV 15 PM 1:20  
TALLAHASSEE, FLORIDA

We have received your document for ISLAND THERAPY SERVICES, "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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 15, 2005. Please amend your document 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 305A00068559

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ISLAND THERAPY SERVICES, "LLC"

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

### ARTICLE II - Address:

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

#### Principal Office Address:

3917 5TH STREET WEST  
LEHIGH ACRES, FLORIDA 33971

#### Mailing Address:

3917 5TH STREET WEST  
LEHIGH ACRES, FLORIDA 33971

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

EZE WOKOCHA

Name

3917 5TH STREET WEST

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

LEHIGH ACRES FL 33971

City, State, and Zip

EFFECTIVE DATE

11/10/05

*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 (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

"MGR"

TISHANA WOKOCHA

3917 5TH STREET

LEHIGH ACRES, FLORIDA 33971

"MGRM"

EZE WOKOCHA

3917 5TH STREET

LEHIGH ACRES, FLORIDA 33971

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/10/05 Tishana Wokocha  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Tishana Wokocha

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.)

TISHANA WOKOCHA

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)**