

Division of Corporations

Page 1 of 1

LO60000067361
FILED

Florida Department of State

Division of Corporations

2006 JUL -5 A 9:30

Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000172955 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : PYLE & DELLINGER, P.A.

Account Number : I20000000053

Phone : (386) 615-9007

Fax Number : (386) 676-2615

RECEIVED

06 JUL -5 PM 3:20

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Logical Therapy, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

AL

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
OF
LOGICAL THERAPY, LLC**

FILED

2006 JUL -5 A 9:30

The undersigned, for the purpose of forming a limited liability company, under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of the Limited Liability Company is **LOGICAL THERAPY, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **226 N. Nova Road #384, Ormond Beach, FL 32174**.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name of the Registered Agent is **P & D MANAGEMENT, LLC** and Florida street address of the registered agent is **1655 N. Clyde Morris Blvd., Ste. 1, Daytona Beach, FL 32117**.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 5th day of July, 2006



DANIEL A. NOILES, Authorized Representative

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 5th day of July, 2006, by **DANIEL A. NOILES** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.



Notary Public

(Printed Name)

My Commission Expires:



Michael A. Pyle

My Commission DD271358

Expires December 03, 2007

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED

2006 JUL -5 A 9:30

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, *Florida Statutes*.

P & D MANAGEMENT, LLC, Registered Agent



Michael A. Pyle, Manager