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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

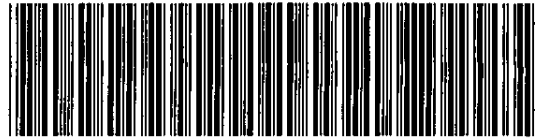
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TALLAHASSEE FLORIDA

N. Gulligan JAN 15 2008

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVE WELL THERAPY 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:

AMANDA S. FORSHAW

(Name of Person)

LIVE WELL THERAPY LLC

(Name of Firm)

2011 HERITAGE CREST DRIVE

(Address)

VALRICO, FL 33594

(City, State and Zip Code)

For further information concerning this matter, please call:

AMANDA S. FORSHAW

(Name of Person)

at

(813) 842-5616

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee
& Certificate 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

LIVE WELL THERAPY LLC

ARTICLE II – Address:

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

Principal Office Address:

2011 HERITAGE CREST DRIVE

VALRICO, FL 33594

Mailing Address:

2011 HERITAGE CREST DRIVE

VALRICO, FL 33594

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

AMANDA S. FORSHAW

Name

2011 HERITAGE CREST DRIVE

VALRICO, FL 33594

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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.

AS Forshaw

Registered Agent's Signature

(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:

MGRM

AMANDA S. FORSHAW

2011 HERITAGE CREST DRIVE

VALRICO, FL 33594

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

A.S. Forshaw

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.)

AMANDA S. FORSHAW

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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