

LO9000032112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

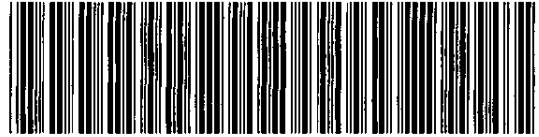
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000147893820

04/01/09--01037--025 \*\*160.00

09 APR - 1 PM 12:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 2 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MAXIMUM THERAPEUTIC CARE, 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:

**JASBETH MARRERO**

(Name of Person)

**MAXIMUM THERAPEUTIC CARE, LLC**

(Firm/Company)

**18795 NW 83RD CT**

(Address)

**HIALEAH, FL 33015**

(City/State and Zip Code)

09 APR - 1 PM 12: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

**JASBETH MARRERO**

(Name of Person)

at ( **305** ) **710-0030**

(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

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**MAXIMUM THERAPEUTIC CARE, LLC**

**ARTICLE II- Address:**

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

**18795 NW 83<sup>RD</sup> CT  
HIALEAH, FL 33015**

**ARTICLE III- Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV- Management:**

The Limited Liability Company is to be managed by the members and the name and addresses of the managing members are:

**JASBETH MARRERO  
MAXIMO MARRERO  
18795 NW 83<sup>RD</sup> CT  
MIAMI, FLORIDA 33015**

**ARTICLE V-Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be the consent of all members.

09 APR -1 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

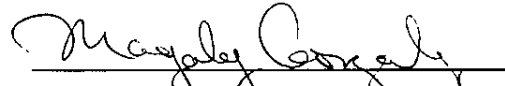
ARTICLE VI-Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates membership of a member in the limited liability company shall be on the consent of the surviving member.

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared **JASBETH MARRERO**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged before me that he executed the same.

**WITNESS** my hand and official seal in the County and State last aforesaid this 24TH day of March 2009.

  
\_\_\_\_\_  
(Signature of person taking acknowledgment)

MAGALY GONZALEZ  
\_\_\_\_\_  
Typed, printed or stamped name

Title(or Rank): Notary Public



**FILED**  
09 APR - 1 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTER AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **MAXIMUM THERAPEUTIC CARE, LLC.**
2. The name and address of the registered agent and the office is:

**JASBETH MARRERO  
18795 NW 83<sup>RD</sup> CT  
Hialeah, Fl 33015**

Having been named as registered agent and to accept service process for the above states 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 performances of my duties, am I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature  
By: **JASBETH MARRERO**

**FILED**  
09 APR - 1 PH12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA