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Office Use Only



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JUL 2 8 2010 EXAMINER

# **COVER LETTER**

TQ: Registration Section Division of Corporations

SUBJECT: Rehabilitation Technology & Services Consulting (RTSC)
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Disease notions all companies dependence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:
John Miullo
Name of Person
Rehabilitation Technology & Services Consulting (RTSC)
Firm/Company
3492 Rosemont Ridge Rd
Address
Tallahassee, FL 32312
City/State and Zip Code
miulloj@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
· · · · · · · · · · · · · · · · · · ·
John Miullo at ( 850 ) 391-1337
Name of Person Area Code & Daytime Telephone Number

## Mailing Address

Enclosed is a check for the following amount:

**□**\$125.00 Filing Fee

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

Committee the second

■\$130.00 Filing Fee &

Certificate of Status

#### Street/Courier Address

**□**\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

□ \$160.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADT	CICI	R I	_ N	ame:
AKI	LICL	ara e	- 14	ame:

The name of the Limited Liability Company is:

# Rehabilitation Technology & Services Consulting (RTSC) LLC

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

#### **ARTICLE II - Address:**

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

Principal Office A	ddress:	<b>Mailing Address:</b>	
3492 Rosemont Ridge R	ld	3492 Rosemont Ridge Rd	
Tallahassee, FL 32312		Tallahassee, FL 32312	
(The Limited Liability Co business entity with an a	ompany cannot serve as its ctive Florida registration.)	egistered Office, & Registered Agent's own Registered Agent. You must designate an indirection of the registered agent are:	
		Name	21 ASS
		0.1 0.1	Led-Ly
	3492 Rosemont F	Ridge Rd	汉帝 🗷
	<del></del>	a street address (P.O. Box <u>NOT</u> acceptable)	PR STA
	<del></del>	<del></del>	F STATE

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

FILED

#### **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.)

John Miullo

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)