# L1000100086

. 400 ( TAC) ..

· (R	equestor's Name	)		
(Ac	ddress)			
(A)	ddress)			
(C	ity/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		ŕ		

Office Use Only



000185659520

09/27/10--01009--022 \*\*160.00

Effective Date 09/24/10

10 SEP 27 AH 10: 03

T. HAMPTON
SEP 2 8 2010

EXAMINER

### **COVER LETTER**

TO:	Registration S Division of Co			
. "			•	
SUBJI	ECT: Brenda	Booth Therapy LLC		
		Name of Limit	ted Liability Company	
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	
	Brenda Booth	1		
			Name of Person	
	Brenda Booth	n Therapy LLC		
			Firm/Company	
	27499 Riverv	iew Center Blvd. Suite 2	03	
			Address	
	Ronita Spring	s, Florida 34134		
	Dornta Opining	<del></del>	y/State and Zip Code	
	bbooth001@f			
•			for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For fur	ther information	concerning this matter, please	e call:	
Brend	la Booth		at ( 239 ) 287-8834	
	Name	of Person	Area Code & Daytime Telep	shone Number
Enclos	sed is a check for	or the following amount:		
□\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	1 · · · · · · · · · · · · · · · · · · ·	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 Ci Tallahassee, FL 32301	ircle

## Effective Date 09/24/10

ARTICLE I - Name:	
The name of the Limited Liability Cor	npany is:
Brenda Booth Therapy LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
<u> </u>	of the principal office of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
Principal Office Address: 27499 Riverview Center Blvd.	
	Mailing Address:
27499 Riverview Center Blvd.	Mailing Address:  27499 Riverview Center Blvd.

Brenda Booth

Name

27499 Riverview Center Blvd. Suite 203 Florida street address (P.O. Box NOT acceptable)

**Bonita Springs** FL 34134

City, State, and Zip

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..

(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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	er
MGRM	Brenda Booth
	27499 Riverview Center Blvd. Suite 203
	Bonita Springs, Florida 34134
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
OV F W. TOCCOMIC data is allowed	Annale des essim Sept 24 2010 (OPTIONAL)
	han the date of filing: Sept. 24, 2010 (OPTIONAL)
0 days after the date of filing.)	must be specific and cannot be more than five business days pr
b days after the date of fining.)	
REQUIRED SIGNATURE:	
MEQUITED STOTATIONS.	
0	1 2 1
L SU	ndn Dooth
Signature of a	member or an authorized representative of a member.
(In accordance	with partian 609 409/2). Florida Statutas, the association
(III accordance	with section 608.408(3), Florida Statutes, the execution

Brenda Booth

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)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)