

L11000034384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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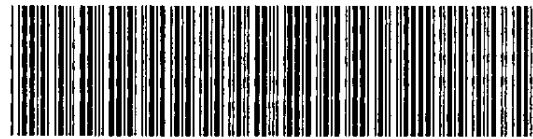
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**EXAMINER**



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11 MAR 21 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 16, 2011

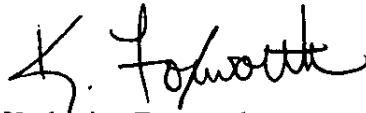
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed the Articles of Organization for Lake Therapy Associates, LLC, along with my money order in the amount of \$125.00. I am the Managing Member; my information is as follows:

Katharine Rebecca Foxworth  
411 E. Rosewood Ln.  
Tavares, FL 32778  
352-433-9423

Best regards,

A handwritten signature in cursive script, appearing to read 'K. Foxworth', written in dark ink.

Katharine Foxworth

**ARTICLES OF ORGANIZATION  
OF  
LAKE THERAPY ASSOCIATES, LLC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I - NAME**

The name of this limited liability company is LAKE THERAPY ASSOCIATES, LLC.

**ARTICLE II - INITIAL PRINCIPAL OFFICE AND MAILING ADDRESS**

The address of the initial principal place of business and mailing address of this limited liability company is 411 East Rosewood Lane, Tavares, Florida 32778.

**ARTICLE III - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of this limited liability company is 411 East Rosewood Lane, Tavares, Florida 32778 and the initial registered agent of this limited liability company at that address is Katherine Rebecca Foxworth.

**ARTICLE IV - MANAGING MEMBER**

The Managing Member of LAKE THERAPY ASSOCIATES, LLC shall be Katherine Rebecca Foxworth.

**ARTICLE V - EFFECTIVE DATE**

These Articles shall be effective as of March 14, 2011.

14<sup>th</sup> IN WITNESS WHEREOF, the undersigned does hereby execute this instrument this day of March, 2011

By: Katherine Rebecca Foxworth  
Katherine Rebecca Foxworth  
Managing Member of Lake Therapy Associates,  
LLC

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THE

UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF ITS DUTIES, AND ACCEPTS THE DUTIES AND OBLIGATIONS OF ITS POSITION AS REGISTERED AGENT INCLUDING THOSE CONTAINED IN SECTION 607.0505, FLORIDA STATUTES.

By: Katherine Rebecca Foxworth  
Katherine Rebecca Foxworth

Dated this 14<sup>TH</sup> day of March, 2011.