

L110000088970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

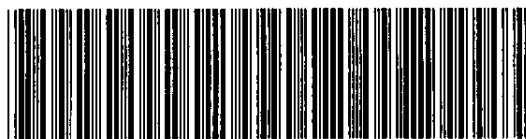
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF CORPORATIONS
11 AUG -2 AM 10:31

T. HAMPTON

AUG - 8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preferred Physical Therapy Rehabilitation, PLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Appel, Esq.

Name of Person

Attorney Charles Appel, PLLC.

Firm/Company

9001 SW 94th Street # 105

Address

Miami, Florida 33176

City/State and Zip Code

AttorneyMichaelAppel@Lawyer.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Appel, Esq.

Name of Person

at (305) 720-8128

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

MICHAEL APPEL, ESQ.

9001 SW 94TH ST. #105

Miami, FL 33176

(305) 720-8128

Email: AttorneyMichaelAppel@Lawyer.com

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

July 27, 2011

Re: Preferred Physical Therapy Rehabilitation, PLC.
(To Be Formed Entity)

To Whom It May Concern:

My client, Ismael Kalbfleisch, inadvertently dispatched a check for \$125.00 which represents the Filing Fee for his to-be-formed PLC.

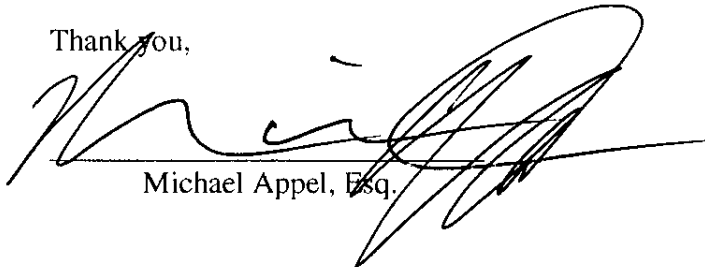
Attached you will find the Articles of Organization for Preferred Physical Therapy Rehabilitation, PLC.

Upon receipt of these Articles, please attach the prematurely dispatched check and file at your earliest convenience.

I do apologize for any inconvenience with regards to this mistake and truly appreciate the Division's cooperation in correcting the issue.

Should there be any issues, I may be reached at the above contact information.

Thank you,



Michael Appel, Esq.

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

This Limited Liability Company shall be Organized pursuant to Chapters 608 and 621 of Title XXXVI of the Florida Statutes.

ARTICLE I – NAME:

The Name of the Limited Liability Company is:

Preferred Physical Therapy Rehabilitation, PLC.

ARTICLE II – ADDRESS:

The Mailing Address and Physical Street Address of the Principal Office of the Limited Liability Company is:

**830 Euclid Avenue #8
Miami, Florida 33139**

ARTICLE III – PURPOSE:

The Purpose for which the Limited Liability Company is Organized is:

To Provide Physical Therapy and Rehabilitative Services as a Licensed Physical Therapist Assistant

ARTICLE IV – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The Name and the Florida Street Address of the Registered Agent are:

**Michael Appel, Esq.
9001 SW 94th St. #105
Miami, Florida 33176**

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 and in accordance with Chapter 608 of the Florida Statutes.



Registered Agent's Signature


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ARTICLE V – MANAGER(S) OR MANAGING MEMBER(S):

The Name and Address of Each Manager or Managing Member is as follows:

Ismael Kalbfleisch – Managing Member (MGRM)
830 Euclid Avenue #8
Miami Beach, Florida 33139

ARTICLE VI – CERTIFICATION BY MEMBER MANAGER:


Signature

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.)


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