

L 12000110048

(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



900238789619

08/24/12--01009--017 **155.00

FILED
12 AUG 24 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 27 2012

SNIFF THERAPY, LLC

361 S.W. 20th Road
Miami, Florida 33129
305-608-2259
WWW.SNIFFTHERAPY.COM

August 21, 2012

Florida Department of State
Attention: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Sniff Therapy, LLC

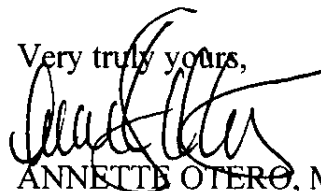
TO WHOM IT MAY CONCERN:

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Annette Otero
Sniff Therapy, LLC
361 S.W. 20th Road
Miami, Florida 33129
annleech2000@yahoo.com

For further information concerning this matter, please call: Annette Otero at 305-608-2259. Enclosed is a check for the following amount: \$155 Filing Fee & Certified Copy.

Very truly yours,



ANNETTE OTERO, Managing Member
Sniff Therapy, LLC

/AO
Encls.

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

ARTICLE I - Name: Sniff Therapy

The name of the Limited Liability Company is:

SNIFF THERAPY, LLC.

ARTICLE II - Address:

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

Principal Office Address:

361 S.W. 20th Road
Miami, Florida 33129

Mailing Address:

361 S.W. 20th Road
Miami, Florida 33129

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature**

The name and the Florida street address of the registered agent are:

Annette Otero
361 S.W. 20th Road
Miami, Florida 33129

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)

FILED
12 AUG 24 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

"MGR"

Felix Arnaldo Remigio
69 Pinecrest Drive S.W.
Concord, N.C. 28025

"MGRM"

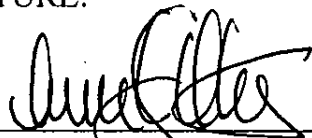
James W. Moore
13444 N. 32nd Street
#15
Phoenix, Arizona 85032

"MGRM"

Annette Otero
361 S.W. 20th Road
Miami, Florida 33129

ARTICLE V: Effective date, of other than the date of filing: _____.

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 affirmative under he penalties of perjury that the facts stated herein are true. I am aware that an false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.)

Annette Otero

Typed or printed name of signee