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(850) 245-6051.

#### COVER LETTER

TO: Registration Section
Division of Corporations

Christine Wilson Speech Language Pathology L.L.C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# **Christine Wilson**

Name of Person

## Christine Wilson Speech Language Pathology L.L.C

Firm/Company

17427 Bridge Hill Ct.

Address

Tampa, FL 33647

City/State and Zip Code

wilsontac@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Christine Wilson** 

.813 \ 956-892°

Name of Person

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## CHRISTINE WILSON SPEECH LANGUAGE PATHOLOGY L.L.C.

(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 Address:	Mailing Address:	
17427 Bridge Hill Ct.	5009 Belmont Rd	
Tampa, FL 33647	Tampa, FL 33647	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of Christine Wilson	n Registered Agent. You must designate an individ	lual or another
	Name	
5009 Belmont Rd		ြို့တဲ့ လ ေ
Florida st	reet address (P.O. Box NOT acceptable)	
Tampa, FL 3	3647 <sub>FL</sub>	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Manag	ing Member	
MGR	Christine Wilson	
	5009 Belmont Rd	
	Tampa, FL 33647	
	<u> </u>	
	<del></del>	
(Use attachment if	necessary)	
CLE V: Effective da	te, if other than the date of filing: 03/01/2013	. (OPTIONAL)
	ed, the date must be specific and cannot be	
	IATURE:	

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. 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 s.817.155, F.S.)

Christine Wilson

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)