

L13000007788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2013 JAN 14 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 15 2013  
J. BRYAN

Jose DelaEspriella  
31178 Cortez Blvd. #122  
Brooksville, FL 34602  
(813) 368-6170

Thursday, January 10, 2013

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

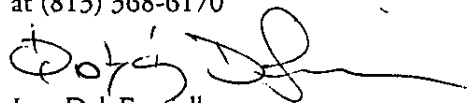
RE: Lungs Rehab, LLC. – Articles of Organization.

Dear Department of State, Florida:

Enclosed for filing is an original copy of the Articles of Organization for Lungs Rehab, LLC. Also enclosed is a money order in the amount of \$130USD to satisfy the filing fee (\$125USD) and to obtain a Certificate of Status (\$5USD).

Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (813) 368-6170



Jose DelaEspriella  
ra@lungsrehab.com

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Lungs Rehab, LLC.**

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:

**Jose DelaEspriella**

Name of Person

Firm/Company

**31178 Cortez Blvd. #122**

Address

**Brooksville, FL 34602**

City/State and Zip Code

**ra@lungsrehab.com**

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lungs Rehab, LLC.

(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:

31178 Cortez Blvd. #122

Brooksville, FL 34602

### Mailing Address:

31178 Cortez Blvd. #122

Brooksville, FL 34602

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jose DelaEspriella

Name

31178 Cortez Blvd. #122

Florida street address (P.O. Box **NOT** acceptable)

Brooksville,

FL

34602

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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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jose DelaEspriella

31178 Cortez Blvd. #122

Brooksville, FL 34602

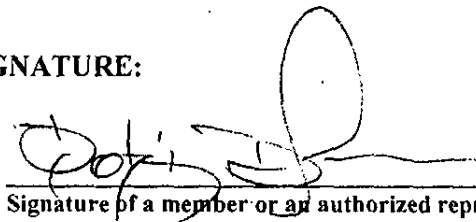
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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 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.)

Jose DelaEspriella

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)