

L13000139141

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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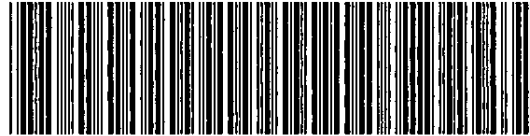
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

625



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2013

VANESSA BOTERO  
819 NOTTINGHAM ST  
ORLANDO, FL 32803

SUBJECT: BILINGUAL SLS THERAPY, LLC  
Ref. Number: W13000051497

We have received your document for BILINGUAL SLS THERAPY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 113A00021786

September 3, 2013

*Via U.S. Mail*

Registration Section  
Division of Corporations  
P.O. Box 6377  
Tallahassee, FL 32314

**Subject: Bilingual SLS Therapy, LLC**

To Whom It May Concern:

Please find enclosed the Articles of Organization and fee(s), which are submitted for filing with the Division of Corporations, State of Florida.

Please return all correspondence concerning this matter to the following individual:

Vanessa Botero  
Bilingual SLS Therapy  
819 Nottingham Street  
Orlando, FL 32803  
[Nessa5108@yahoo.com](mailto:Nessa5108@yahoo.com)

For further information concerning this matter, please call:

Vanessa Botero at (786) 473-5233.

Enclosed is a check in the amount of \$125.00 for the requisite filing fee.

Respectfully submitted,



Vanessa Botero, Managing Member

## **Articles of Organization for Florida Limited Liability Company**

### **Article I**

The name of the Limited Liability Company is:  
BILINGUAL SLS THERAPY, L.L.C.

### **Article II**

The street address of the principal office of the Limited Liability Company is:  
819 Nottingham Street  
Orlando, FL 32803

The mailing address of the Limited Liability Company is:  
819 Nottingham Street  
Orlando, FL 32803

### **Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

### **Article IV**

The name and Florida street address of the Registered agent is:  
JONATHAN J. A. PAUL, ESQ.  
GREGORY & CLARK, PLLC  
1936 BOOTHE CIRCLE  
LONGWOOD, FL 32750

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.

Registered Agent Signature: \_\_\_\_\_

Jonathan J. A. Paul

### **Article V**

The name and address of managing members/managers are:

Title: Manager  
VANESSA BOTERO  
819 NOTTINGHAM STREET  
ORLANDO, FL 32803

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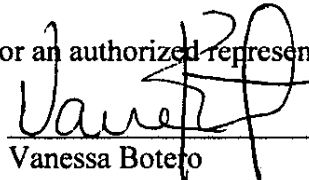
## Article VI

The effective date for this Limited Liability Company shall be:

September 27, 2013

Signature of member or an authorized representative of a member

Member Signature:

  
Vanessa Botero

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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