

L13000153020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

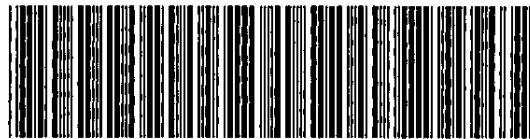
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500252736035

10/17/13--01025--003 **125.00

FILED
13 OCT 30 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 30 2013

T. BROWN

~~1113 58566~~

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Speech Innovations 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:

Jane Autenrieth
Name of Person

Speech Innovations
Firm/Company

1581 Bay Club Rd.
Address

Orlando, FL 32766
City/State and Zip Code

disteinbach@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Autenrieth at (407) 694-3603
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

October 29, 2013

To: Teresa Brown
Regulatory Specialist

Re: reference # W13000058566

Attached you will find the name change for my business. The new name is
Speech Innovations of Central Florida, LLC

If you need any additional information, please feel free to contact me via email at
pjsteinbach@yahoo.com or phone 407-694-3603

Sincerely,

Jane Autenrieth MA, CCC-SLP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2013

JANE AUTENRIETH
SPEECH INNOVATIONS LLC
1581 BAY CLUB RD
OVIDO, FL 32766

SUBJECT: SPEECH INNOVATIONS LLC
Ref. Number: W13000058566

We have received your document for SPEECH INNOVATIONS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000109500.

Please return 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.

Teresa Brown
Regulatory Specialist II

Letter Number: 013A00024628

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Speech Innovations^{of} central Florida 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:

1581 Bay Club Rd.
Duitedo, FL 32766

Mailing Address:

1581 Bay Club Rd
Duitedo, FL 32766

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:

Jane Autenrieth
Name
1581 Bay Club Rd
Florida street address (P.O. Box **NOT** acceptable)
Duitedo FL 32766
City, State, and Zip

FILED
13 OCT 30 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

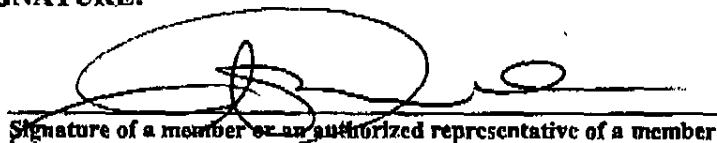
"MGRM" = Managing Member

Name and Address:~~ABC~~ PSTDJane Autenrieth
1581 Bay Club Rd
Duldo, FL 32766

(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.)

Jane Autenrieth
Typed or printed name of signer**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)