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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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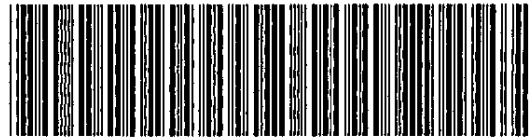
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2013

KEVIN MORGAN
9100 BALDRIDGE DRIVE, SUITE 6324
PENSACOLA, FL 32514

SUBJECT: HOME THERAPY SERVICES, LLC
Ref. Number: W13000048662

We have received your document for HOME THERAPY SERVICES, LLC and your check(s) totaling \$155.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P11000026199.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 013A00020742

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TRANSMITTAL LETTER

*Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

Subject: *Home Therapy Services, LLC*

Enclosed please find an original and one (1) copy of the Articles of Organization for the above corporation and check in the amount of \$155.00.

From: *Kevin Morgan*
9100 Baldrige Drive Ste. 6324
Pensacola, FL 32514
(850) 483-1521

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed when certified copy is requested.



TRANSMITTAL LETTER

*Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

Subject: *Panhandle Therapy, LLC*

Enclosed please find an original and one (1) copy of the Articles of Organization for the above corporation and check in the amount of \$155.00.

From: *Kevin Morgan*
9100 Baldrige Drive Ste. 6324
Pensacola, FL 32514
(850) 483-1521

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TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed when certified copy is requested.



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

ARTICLE I - NAME

The name of the Limited Liability Company shall be:

Panhandle Therapy, LLC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

*9100 Baldrige Drive
Suite 6324
Pensacola, FL 32514*

**ARTICLE - III
REGISTERED AGENT, ADDRESS AND SIGNATURE**

The name and address of the registered agent is:

*Kevin Morgan
9100 Baldrige Drive
Suite 6324
Pensacola, FL 32514*

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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.

Kevin Morgan ATNLC 10/24/13
Registered Agent's Signature

ARTICLE IV - MANAGING MEMBERS

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

*Kevin Morgan, Managing Member
9100 Baldrige Drive
Suite 6324
Pensacola, FL 32514*



**ARTICLE V –
PURPOSE OF THE LIMITED LIABILITY COMPANY**

The purpose for this limited liability company is:

Occupational Therapy

**ARTICLE VI –
EFFECTIVE DATE**

The effective date for the limited liability company is:

November 1, 2013

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. We are 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.

Kesin Morgan ATN (Signature and Title)
10/24/13 (Date)

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TALLAHASSEE, FLORIDA