

L14000061414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

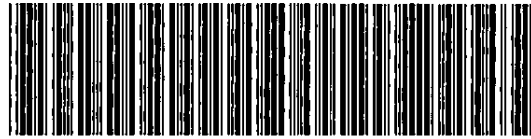
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2014 APR 14 12:23  
MAIL ROOM

B. BOSTICK  
APR 15 2014

Law Office of Alexa D. Isbell, PLLC

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March 18, 2014

VIA REGULAR MAIL

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed please find the Articles of Organization of CNC Bilingual Speech Therapy Services PLLC.

Also enclosed is a check in the amount of \$125.00 for filing the Articles of Organization and Designating a Registered Agent.

Please do not hesitate to contact me if you need further information to complete this filing. Thank you.

Best regards,

  
Alexa D. Isbell  
(alexadisbell@gmail.com)

FILED  
2014 MAR 14 PM 2:23  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION**  
**OF**  
**CNC Bilingual Speech Therapy PLLC**  
**Under Section 605.0201 of the Florida Statutes**

FILED  
2014 JUN 14 P 12:23  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

Law Office of Alexa D. Isbell, PLLC  
122 Orquidea Avenue  
Miami, FL 33143

**ARTICLES OF ORGANIZATION**

**OF**

**CNC Bilingual Speech Therapy Services PLLC**

**Under Section 605.0201 of the Florida Statutes**

FIRST: The name of the limited liability company shall be CNC Bilingual Speech Therapy Services PLLC (the "Company").

SECOND: The mailing address and street address of the principal office of the Company shall be:

Principal Office Address:  
CNC Bilingual Speech Therapy Services  
PLLC  
Attn: Claudia Nicole Coron  
5033 N.W. 7<sup>th</sup> Street, Suite 302  
Miami, FL 33126

Mailing Address:  
CNC Bilingual Speech Therapy Services  
PLLC  
Attn: Claudia Nicole Coron  
5033 N.W. 7<sup>th</sup> Street, Suite 302  
Miami, FL 33126

THIRD: The name and the Florida street address of the Company's registered agent shall be:

Alexa D. Isbell  
122 Orquidea Avenue  
Miami, FL 33143

*Having been named as registered agent and to accept service of process at the above-stated professional limited liability company at the place designated in this certificate, I hereby accept 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 605, F.S.*



Registered Agent's Signature

2014 05 14 10:23


**FOURTH:** The name and address of each person authorized to manage and control the Company are:

Managing Member

Claudia Nicole Coron  
5033 N.W. 7<sup>th</sup> Street, Apt. 302  
Miami, FL 33126

**FIFTH:** The purpose of the Company is to provide speech-language pathology and audiology services by licensed individuals in the State of Florida.

IN WITNESS WHEREOF, these Articles of Organization have been subscribed  
as of this 9<sup>th</sup> day of April, 2014.



\_\_\_\_\_  
Claudia Nicole Coron  
Managing Member

*In accordance with section 605.0203(1)(b), 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.*

2014 APR 14 10:23  
STATE OF FLORIDA  
DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2014

ALEXA D. ISBELL  
122 ORQUIDEA AVENUE  
MIAMI, FL 33143

SUBJECT: CNC BILINGUAL SPEECH THERAPY SERVICES PLLC  
Ref. Number: W14000019649

We have received your document for CNC BILINGUAL SPEECH THERAPY SERVICES PLLC 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 specific purpose of the entity must be set forth in the document.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 414A00006611

2014 MAR 14 P 12:23  
411 350