

L14000062145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 APR 15 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
APR 16, 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2014

CAMILLE MCLEOD / APEX PEDIATRIC REHAB, LLC  
1465 GENE STREET  
WINTER PARK, FL 32789 US

SUBJECT: APEX PEDIATRIC REHAB, LLC.  
Ref. Number: W14000019299

We have received your document for APEX PEDIATRIC REHAB, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct 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) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 514A00006502

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Apex Pediatric 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:

Camille McLeod  
Name of Person

Apex Pediatric Rehab, LLC.  
Firm/Company

1465 Gene Street  
Address

Winter Park, FL 32789  
City/State and Zip Code

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

For further information concerning this matter, please call:

Camille McLeod at ( 407 ) 493-5671  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

APPROVED  
AND  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 14 APR 15 AM 9:53

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Apex Pediatric 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:**

**Mailing Address:**

1465 Gene Street  
Winter Park, FL 32789

10120 Doriath Circle  
Orlando, FL 32825

**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.)

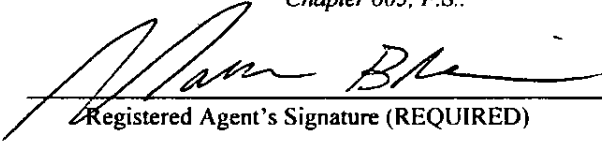
The name and the Florida street address of the registered agent are:

Bontan Medical Corp.  
Name

1465 Gene Street  
Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32789  
City 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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager  
Manager

**Name and Address:**

Camille McLeod  
10120 Doriath Circle  
Orlando, FL 32825

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a 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.)

Camille McLeod

Typed or printed name of signee

14 APR 15 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**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)