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Special Instructions to	Filing Officer	
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SECRETARY OF STANK

COVER LETTER

Division of Corporation	ns		
SUBJECT: Thea	Tapeutic Name of Limit	Connection ed Liability Company	s LLC.
The enclosed Articles of Organiz	ation and fee(s) are	submitted for filing.	
Please return ail correspondence	concerning this matt	er to the following:	
Can	ol Gar	ner-Houst	pn
	Therapeu	utic Connect Firm/Company	ions LLC
60 (Red Bay	Court Address	
Sa	nta Ros	a Beach, F	L 32459
Cgarne E-mail a	•	or future annual report notific	ation)
For further information concerning	ng this matter, please	eall:	
arol Garner-Ho Name of Perso	uston at (5	Area Code Daytime Te	1544 lephone Number
Enclosed is a check for the follow	ving amount:		حمد
_	ficate 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 Addre Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:						
Therapeutic C (Must end with the words "Lin	onnection	ns L	LC.			
(Must end with the words "Lii	mited Liability Comp	pany, "L.L.C	.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Lim	nited Liabilit	y Company is	:		
Principal Office Address:	Mailing Ad	ldress:				
60 Red Bay Court Sunta Rosa Beach, FL 32459	60 Re Sonto	d Bay	Gourt Brack, 32459	Pl		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Age	Agent's Sigi ent. You mu	nature: st designate a	n individi	ual or	
The name and the Florida street address of the regis						
Samue	1 Phil 9	Houst	on III			
60 Red Bo Florida street address (P.C						
Florida street address (P.C	Box NOT accepta	ble)				
Janta Rosc /	Beach FL	3243	59			
City		Zip				
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to	accept the appointme isions of all statutes re	ent as registe elating to the	red agent and proper and c	l agree to omplete p	act in . perforn	this iance
Registered Agent's	Signature (REQUIR	ED)		SECRE	14 OC	t 4+
(CON	TINUED)			WINY O	1-7 PI	inegag
Pag	ge 1 of 2			FSTATE	3 3	ATTENDED TO

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Carol Garner-Houston 60 Ked Bay Court Santa Kasa Beach, FL 32459
AMBR	Samuel Phil Houston 6 Red Bay Court Santa Pasa Buch, FL 32459
(Han attach mont : Same and)	
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date ffective date is listed, the date must be to of filing.)	specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false interpretation of the constitutes are affirmation un I am aware that any false interpretation constitutes are affirmation un I am aware that any false interpretation constitutes are affirmation un I am aware that any false interpretation constitutes are affirmation until a constitute to the constitute of the	specific and cannot be more than five business days prior to or 90 da Social form Member or an authorized representative of a member. 605 0203 (1) (b), Florida Statutes, the execution of this document does the penalties of perjury that the facts stated herein are true; ormation submitted in a document to the Department of States only as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un I am aware that any false interpretation of the constitutes are affirmation un I am aware that any false interpretation constitutes are affirmation un I am aware that any false interpretation constitutes are affirmation un I am aware that any false interpretation constitutes are affirmation until a constitute to the constitute of the	specific and cannot be more than five business days prior to or 90 da Security for the security of a member. 605 0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true; ormation submitted in a document to the Department of States only as provided for in s.817.155, F.S.)