

#L14000164864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W14-62097 PUC

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FILED
2014 OCT 17 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 22 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2014

EDWARD LUCAS
6160 SW HWY 200, UNIT 119
OCALA, FL 34476

SUBJECT: AXCESS THERAPY PLLC
Ref. Number: W14000062097

We have received your document for AXCESS THERAPY PLLC 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 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 214A00021804

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AXXESS THERAPY PLLC
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:

EDWARD LUCAS
Name of Person

AXXESS THERAPY
Firm/Company

6160 SW HWY 200 UNIT 119
Address

OCALA FLORIDA 34476
City/State and Zip Code

MEDONE6160@GMAIL.COM // TURBOED2002@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLETTE BURLESON at (352) 694-6331
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXXESS THERAPY PLLC

(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:

6160 SW HWY 200, UNIT 119
OCALA, FL 34476

Mailing Address:

6160 SW HWY 200, UNIT 119
OCALA, FL 34476

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:

EDWARD LUCAS

Name

6505 NW 81ST BLVD

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

GAINESVILLE

City

FL 32653

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

(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.)

we are a medical Clinic owned 100% by
a florida Licensed practitioner.

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.)

Edward Lucas

Typed or printed name of signee

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)