

L14000/65305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

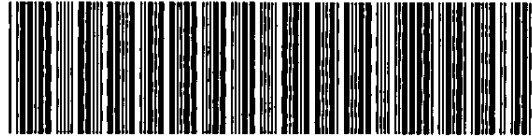
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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300263334653

09/26/14--01020--009 \*\*130.00

*W14-60135*

**FILED**  
14 OCT 22 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
OCT 23 2014  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TO THE POINT ACUPUNCTURE BILLING SOLUTIONS L.L.C.**  
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:

RITA GUSMAO

Name of Person

TO THE POINT ACUPUNCTURE BILLING SOLUTIONS L.L.C.

Firm/Company

7300 W. MCNAB ROAD SUITE 111

Address

TAMARAC, FLORIDA 33321

City/State and Zip Code

FIVEEWC@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RITA GUSMAO

Name of Person

at ( 954 ) 657-8342

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2014

RITA GUSMAO  
7310 W MCNAB ROAD STE 107  
TAMARAC, FL 33321

SUBJECT: TO THE POINT ACUPUNCTURE BILLING SOLUTION L.L.C.  
Ref. Number: W14000060135

We have received your document for TO THE POINT ACUPUNCTURE BILLING SOLUTION L.L.C. and your check(s) totaling \$130.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P14000026475.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 214A00021099



**Specializing in Acupuncture & Chiropractic Billing Services**  
**7300 W. McNab Road, Suite 111, Tamarac, FL 33321 + (954) 657-8342**

October 16, 2014

To: Mr. Tim Burch  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

From: Monique Bain  
To The Point Acupuncture Billing Solutions LLC  
7300 W. McNab Road Suite 111  
Tamarac, FL. 33321  
Ph. 954-657-8342

Subject: Attached letter in regard to non-filing of LLC  
Document Number W14000060135  
Your letter# 214A00021099

Dear Mr. Burch,

Attached per your instructions are the Filed Articles of Dissolution Documents from :  
To The Point Acupuncture Billing Solutions Inc. (P14000026475) as well as the New  
Articles of Organization for a Florida Limited Liability Company to be known as To The  
Point Acupuncture Billing Solutions L.L.C.

Being that we , Monique Bain, President of To The Point Acupuncture Billing Solutions  
Inc has DISSOLVED the corporation with the same name as the proposed LLC and that  
we, Monique Bain, **has no intent on reactivating the corporation**, we are asking that  
you please file the attached Articles of Organization for Florida Limited Liability  
Company In the name of TO THE POINT ACUPUNCTURE BILLING SOLUTIONS  
L.L.C.

Please contact us should you have any questions or require additional information in  
regard to this correspondence.

Sincerely Yours,

  
Monique Bain

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TO THE POINT ACUPUNCTURE BILLING SOLUTIONS L.L.C.

(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:

7300 W. MCNAB ROAD

7300 W MCNAB ROAD

SUITE 111

SUITE 111

TAMARAC FLORIDA 33321

TAMARAC FLORIDA 33321

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:

GLENN MORRIS

Name

1739 VESTAL WAY

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

CORAL SPRINGS

FL 33071

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)

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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

MGR

**Name and Address:**

FIVE ELEMENT WELLNESS CENTER INC

7310 W. MCNAB ROAD SUITE 107

TAMARAC FLORIDA 33321

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

MONIQUE BAIN

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)**

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14 OCT 22 PM 4:50  
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TALLAHASSEE, FLORIDA