

L14000182299

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(Business Entity Name)

(Document Number)

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10/31/14--01004--013 **125.00

EFFECTIVE DATE
10-25-14

FILED
14 OCT 31 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2014

T. BROWN

~~114-157729~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keyes Physical Therapy 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:

Darla M Keyes
Name of Person

Darla M Keyes PT
Firm/Company

2825 Seabreeze Dr. S.
Address

Gulfport FL 33707
City/State and Zip Code

darla.keyes@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darla Keyes at (727) 215-3590
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate 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 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

November 5, 2014

DARLA M KEYES
2825 SEABREEZE DR S
GULFPORT, FL 33707

SUBJECT: KEYES PHYSICAL THERAPY LLC
Ref. Number: W14000067229

We have received your document for KEYES PHYSICAL THERAPY 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 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L12000118248.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 114A00023715

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE
10-25-14

ARTICLE I - Name

The name of the Limited Liability Company is:

Step Ahead Physical Therapy LLC
(Must end with the words "Limited Liability Company, "L.L.C.", or "Co.")

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2825 Seabreeze Dr. S.
Gulfport FL 33707

Same

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:

Darla M. Keyes
Name
2825 Seabreeze Dr. S.
Florida street address (P.O. Box NOT acceptable)
Gulfport FL 33707
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..

Darla M. Keyes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Darla M. Keyes

2825 Seabreeze Dr.

Gulfport FL 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/25/14 (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.

NONE

REQUIRED SIGNATURE:

Darla M Keyes

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.)

Darla M Keyes

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)