

L15000083115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

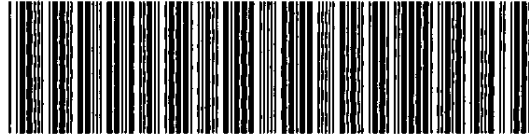
(Document Number)

Certified Copies _____ Certificates of Status _____

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INFORMATION SERVICES

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2015 MAY - 6 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elicia's 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:

Elicia Anderson

Name of Person

Elicia's Therapy LLC

Firm/Company

6925 Ortega Woods Dr unit#14

Address

Jacksonville FL 32244

City/State and Zip Code

Elicia20@hotmail.com

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

For further information concerning this matter, please call:

Elicia Anderson

Name of Person

at (904-235-9722)

Area Code

same

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee
Certificate of Status

\$130.00 Filing Fee &
Certified Copy

Certificate of Status &
(additional copy is enclosed)

\$155.00 Filing Fee &
(additional copy is enclosed)

\$160.00 Filing Fee,
Certified Copy
(additional copy is enclosed)

Mailing Address

Street/Courier Address



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2015

ELICIA ANDERSON
6925 ORTEGA WOODS DR UNIT #14
JACKSONVILLE, FL 32244

SUBJECT: ELICIA'S THERAPY LLC
Ref. Number: W15000028405

We have received your document for ELICIA'S THERAPY LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete page 2 of 2.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 315A00008182

2015 MAY - 6 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

Elicia's Therapy 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:

6925 Ortega Woods Dr Unit #14
Jacksonville, FL 32244

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:

Elicia Anderson

Name

6925 Ortega Woods Dr unit #14

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

Jacksonville

FL

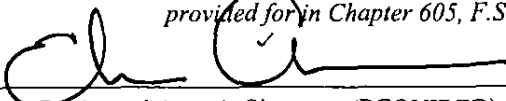
32244

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)

4/7/15

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2015 MAY -6 PM 2:30
SECRETARY OF STATE
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 = MANAGER

AMBR - Authorized Member

Name and Address:

Elicia Anderson
6925 Ortega Woods Dr Unit #14
Jacksonville, FL 32244

Gregory Holte
6925 Ortega Woods Dr Unit #14
Jacksonville, FL 32244


(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:

 4/28/15

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.)

Elicia Anderson

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA