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DIVISION OF CORPORATIONS
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EFFECTIVE DATE 01/01/16

12/08/15

COVER LETTER

TO: Registration Section
Division of Corporation

SUBJECT: INSPIRE 4 IMPACT REHABILITATION SERVICES, LLC

The enclosed Article of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

SAMARA D. KING
INSPIRE 4 IMPACT REHABILITATION SERVICES, LLC
793 Sullivan Street
Deltona, FL 32725

Email address: Samara.inspire@gmail.com

For information concerning this matter, please call:

Samara King	at	<u>(407)- 314-5006</u>
Name of Person	Area Code	Daytime telephone Number

Enclosed is a check for the following:

☐ \$125.00 Filing Fee
\$155.00 Filing

☒ \$130.00 Filing Fee & ☐

Certificate of Status Fee &

Certified Copy

**ARTICLE OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

THE UNDERSIGNED, Person(s) in accordance with Chapter 605 of the Florida Statute adopted the following Articles for the purpose of forming a limited Liability Company.

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ARTICLE 1: NAME

The name of company is INSPIRE 4 IMPACT REHABILITATION SERVICES, LLC

ARTICLE 11: ADDRESS

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

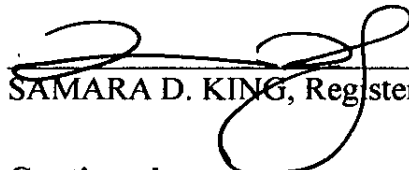
793 Sullivan Street
Deltona, FL 32725

**ARTICLE 111: REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE**

The name of the Florida street address of the registered agent are:

SAMARA D. KING
793 Sullivan Street
Deltona, FL 32725

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 obligation of my position as registered agent as provided for in chapter 605, F.S.



SAMARA D. KING, Registered Agent's Signature

ARTICLE 1V: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is therefore, member manager company.

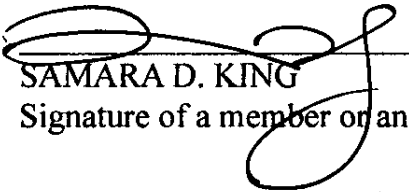
ARTICLE V: MEMBERS (optional)

Managing Member:

MADELINE KING
793 Sullivan Street
Deltona, FL 32725

ARTICLE VI: EFFECTIVE DATE

The effective date shall be January 1st, 2016.


SAMARA D. KING

Signature of a member or an authorized representative of a member.

This document is executed in accordance with the section 605.0203(1) (b), Florida Statutes. 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.

SAMARA D. KING

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