116000106268

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
- (Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200286280872

05/27/16--01020--019 **130.00

16 MAY 27 AM 9: 06

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Art Therapy Connection, 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:
Meagan Ward Name of Person
F:/C
Firm/Company
9527 Belmont Ter.
Address
Oviedo, FL 32765 City/State and Zip Code
City/State and Zip Code
Mward 767@gmail. Lom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meagan Wourd at (407) 416-5345
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Th: (Must	e Art Therape end with the words "Limited	oy Conne I Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal of	ffice of the Limite	d Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
		4	9527 Belmont Ter
ARTICLE III - Registered The Limited Liability Com		& Registered Agent.	9527 Belmont Ter. Ovicalo FL 33765 ent's Signature: You must designate an individual or
ARTICLE III - Registered The Limited Liability Composite of the composition of the compos	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Registered Agent. n.) I agent are:	e nt's Signature: You must designate an individual or
ARTICLE III - Registered The Limited Liability Composite business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Meagan	& Registered Agent.	ent's Signature: You must designate an individual or
ARTICLE III - Registered The Limited Liability Composite business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Meagan	& Registered Agent. Registered Agent. In agent are: Waxd Name Mont Te	ent's Signature: You must designate an individual or
ARTICLE III - Registered The Limited Liability Composite of the composition of the compos	Agent, Registered Office, pany cannot serve as its own an active Florida registered reet address of the registered Meagan 9527 Be Florida street address	& Registered Agent. Registered Agent. on.) I agent are: Word Name Mont Te s (P.O. Box NOT	ent's Signature: You must designate an individual or

dIam 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)

Page 1 of 2

Title:		Name and Address:	
	horized Member		
"MGR" = Man AMBR	iger	Meagan Word	
7117100		9527 Belmont Ter	
		Oviedo FL 32765	
$\overline{}$			
\			
		\	
\			
·	\		
	\		
	V		
ective date is list of filing.) The date inserte	date, if other than the date of ted, the date must be spe	of filing: (OPTIONAL cific and cannot be more than five business days prior to the deet the applicable statutory filing requirements, this date work State's records.	or 90 (
EV: Effective ective date is list of filing.) The date inserte	date, if other than the date of ted, the date must be sped in this block does not me date on the Department of	cific and cannot be more than five business days prior to neet the applicable statutory filing requirements, this date v	or 90 (
EV: Effective ective date is list of filing.) The date inserte ment's effective	date, if other than the date of ted, the date must be sped in this block does not me date on the Department of	cific and cannot be more than five business days prior to neet the applicable statutory filing requirements, this date v	or 90 (
EV: Effective ective date is list of filing.) The date inserte ment's effective	date, if other than the date of ted, the date must be speed in this block does not me date on the Department of visions, if any.	cific and cannot be more than five business days prior to neet the applicable statutory filing requirements, this date v	or 90 (
EV: Effective ective date is list of filing.) The date inserte ment's effective EVI: Other pro	date, if other than the date of ted, the date must be speed in this block does not me date on the Department of visions, if any. IGNATURE:	ecific and cannot be more than five business days prior to the applicable statutory filing requirements, this date with the state of State's records.	or 90 (
EV: Effective ective date is list of filing.) The date inserte ment's effective EVI: Other pro	date, if other than the date of ted, the date must be speed in this block does not me date on the Department of visions, if any. IGNATURE: Signature of a menus of the document is executed a menus and the speed of the second of the date of the d	cific and cannot be more than five business days prior to neet the applicable statutory filing requirements, this date v	vill not l
EV: Effective ective date is list of filing.) The date inserte ment's effective EVI: Other pro	date, if other than the date of ted, the date must be speed in this block does not me date on the Department of visions, if any. IGNATURE: Signature of a menus of the document is executed a menus and the speed of the second of the date of the d	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statinformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.	vill not l
EV: Effective ective date is list of filing.) The date inserte ment's effective EVI: Other pro	date, if other than the date of ted, the date must be speed in this block does not me date on the Department of visions, if any. IGNATURE: Signature of a menor of the document is executed a management of the degree of the degree of the days of	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Stainformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.	vill not
EV: Effective ective date is list of filing.) The date inserted ment's effective effec	date, if other than the date of ted, the date must be speed in this block does not medate on the Department of visions, if any. IGNATURE: Signature of a menor of the document is executed a measure that any false constitutes a third degree Meaga	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Stainformation submitted in a document to the Department of felony as provided for in s.817.155, F.S. Navd Typed or printed name of signee Filing Fees:	vill not
E V: Effective ective date is list of filing.) The date inserted ment's effective eff	date, if other than the date of ted, the date must be speed in this block does not medate on the Department of visions, if any. IGNATURE: Signature of a menor of a menor of the document is executed an aware that any false constitutes a third degree and the degree of	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Stainformation submitted in a document to the Department of felony as provided for in s.817.155, F.S. Navd Typed or printed name of signee	vill not
E V: Effective ective date is list of filing.) The date inserte ment's effective E VI: Other pro REOUIRED S \$125.00 Filin \$ 30.00 Cert	date, if other than the date of ted, the date must be speed in this block does not medate on the Department of visions, if any. IGNATURE: Signature of a menor of the document is executed a measure that any false constitutes a third degree Meaga	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statisformation submitted in a document to the Department of felony as provided for in s.817.155, F.S. Nova Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	vill not

ARTICLE IV-