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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TALLAHASSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Speech Center, 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:
Erin Nitz Name of Person
The Speech Center, UC Firm/Company
1514 S Habana Ave.
Tampa FL 33629  City/State and Zip Code  E-mail address: (to be used for future analyst report notification)
For further information concerning this matter, please call:
Enn Nitz at (8103) 381-4582  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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 CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:				
	e Speew he words "Limited Liab			<del></del>	
ARTICLE II - Address: The mailing address and street address	s of the principal office	of the Limited Liabi	lity Company is:		
Principal Off	ice Address:		Mailing Address:		
Tampa, FL	10H St. - 321006		4 S Haba mpa, FL 33	na Ave.	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot another business entity with an active	ot serve as its own Regi			ual or	
The name and the Florida street address	ss of the registered ager	nt are:			
	Erin N	VITZ_			
	Na:	me . A	•		
Fil	orida street address (P.0	abana A			
T'p		O. Box Hor accept	33429		
<del></del>	City	State	Zip		
Having been named as registered agent of the constant of the constant of the constant of the provision of the provision of the colligation of the colline of th	eby accept the appointm ons of all statutes relatin	f process for the abov nent as registered agong to the proper and t	ent <mark>and ag</mark> ree to act in the complete perfor <mark>mance</mark> of	is capacity. I my duties, and I	Contraction .
-	·	Agent's Signature (I	REQUIRED)	9 <b>50 54 9</b>	Section 1
	(0	ONTINUED) Page 1 of 2		1ATE 1880	, transfi

TALLAHASSEE FI

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBIZ	Erin Nitz 1514 S. Habana Ave Tampa FL 331029
AMBR	Kendra Potsubay 2945 Lake House Isle Cove Apt. 30: Plant City, Pr. 335/1016
ective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
EV: Effective date, if other than the detective date is listed, the date must of filing.)  If the date inserted in this block does ment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
EV: Effective date, if other than the detective date is listed, the date must of filing.)  If the date inserted in this block does ment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
EV: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Departure VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Departure VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not be listed as iment of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State