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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	ATP REHAB WHEELCHAIR CO	NSULTING,LLC .
SOUTE		Limited Liability Company
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.
Please ret	urn all correspondence concerning this	matter to the following:
	MICHAEL BOBALA	•
		Name of Person
	ATP REHAB WHEELCHAIR CON	ISULTING, LLC
		Firm/Company
	3583 WEMBLEY WAY #102	
		Address
	PALM HARBOR FL, 34685	
	atpconsultinginc@gmail.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further	information concerning this matter, plea	ase call:
	MICHAEL BOBALA	727-919-0246
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{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  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2016

MICHAEL BOBALA 3583 WEMBLEY WAY #102 PALM HARBOR, FL 34685

SUBJECT: ATP REHAB WHEELCHAIR CONSULTING. LLC

Ref. Number: W16000042682

16 JUL -6 PH 3: 46

We have received your document for ATP REHAB WHEELCHAIR CONSULTING. 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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 416A00012327

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			FILED	
The name of the Emilied Elability Company is.	16	JUL -€	PH 4: 50	
ATP REHAB WHEELCHAIR CONSULTING. LLC				
ATP REHAB WHEELCHAIR CONSULTING. 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 Addr	<u>ess</u> :			
3583 WEMBLEY WAY #102				
PALM HARBOR, FL 34685				
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 incanother business entity with an active Florida registration.)	lividua	lor		
The name and the Florida street address of the registered agent are:				
MICHAEL BOBALA Name				
3583 WEMBLEY WAY #102				

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..

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

State

34685

Zip

**PALM HARBOR** 

City

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	MICHAEL BOBALA
	3583 WEMBLEY WAY #102
	PALM HARBOR, FL 34685
•	
(I lea attach mont if ma	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a mem This document is executed	information submitted in a document to the Department of State
Signature of a mem This document is executed I am aware that any false ir	information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Signature of a mem This document is executed I am aware that any false in constitutes a third degree for	nformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
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