6006

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

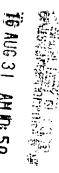
Office Use Only

SEP 0 9 2015 T. SCOTT



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08/31/16--01010--002 **125.00



COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	Aphasia Away LLC		
SOBJECT		of Limited Liabilit	y Company
The enclos	sed Articles of Organization and fee	e(s) are submitted	For filing.
Please retu	urn all correspondence concerning t	his matter to the fo	llowing:
	Diana J. Goodwin		
		Name of I	Person
	Aphasia Away LLC		
		Firm/Cor	npany
	30 Tendring Circle		
		Addre	ss
	Palm Harbor, FL 34683		
	AphasiaAway@gmail.com	City/State and	Zip Code
		used for future an	nnual report notification)
For further i	information concerning this matter,	please call:	
	Diana Goodwin	727	515-7551
	Name of Person	at (Area Code	Daytime Telephone Number
· Enclosed i	is a check for the following amount:	:	
\$125.00 F	•	e & S155.00 Certifie	O Filing Fee & d Copy l copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	_	Street Address
:	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee. FL 32314		Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	cond man are words Brillion Bla	ity Company, "L.L.C.," or "LL	C.")
RTICLE II - Address: he mailing address and st	reet address of the principal office	f the Limited Liability Compan	y is:
<u>Pr</u>	incipal Office Address:	<u>Mailin</u>	g Address:
30 Tendring Ci	rcle, Palm Harbor, FL 34683	30 Tendring Circle, Pa	ılm Harbor, FL 34683
	d Agent, Registered Office, & R		e an individual or
The Limited Liability Control to the control of the	npany cannot serve as its own Reg h an active Florida registration.) street address of the registered age Diana J. Goodwin	ered Agent. You must designat	e an individual or
The Limited Liability Control to the control of the	npany cannot serve as its own Reg h an active Florida registration.) street address of the registered age	ered Agent. You must designat	e an individual or
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Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

16 AUG 3 | AM 10: 50

<u> Title:</u>	Name and Address:
'AMBR" = Authorize	Member
'MGR" = Manager	
MGR	Diana J. Goodwin
	30 Tendring Circle,
	Palm Harbor, FL 34683
AMBR	Michael J. Cokas
	30 Tendring Circle
	Palm Harbor, FL 34683
	Tuni Haron, 12 34003
Use attachment if ne	essary)
EV: Effective date, in ctive date, if filing.)	other than the date of filing: 08/28/16
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ARTICLE IV-

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