

L18 000 006 367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

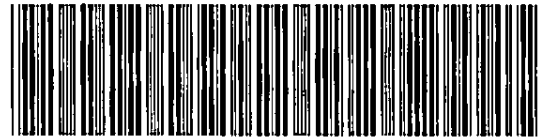
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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JAN 09 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Comprehensive Treatment Options, 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:

Juante Vanterpool

Name of Person

Comprehensive Treatment Options, LLC

Firm/Company

4250 Alafaya Trail, Suite 212-248

Address

Oviedo FL 32765

City/State and Zip Code

comprehensivetreatmentoptions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juante Vanterpool

321

529-9997

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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\$125.00 Filing Fee

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\$130.00 Filing Fee &
Certificate of Status

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\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Comprehensive Treatment Options, LLC

(Must contain 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:

3809 Greystone Legend Place
Oviedo Fl. 32765

Mailing Address:

4250 Alafaya Trail, Suite 212-248
Oviedo Fl. 32765

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 individual or another business entity with an active Florida registration.)

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

Juante Vanterpool

Name

3809 Greystone Legend Place

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

Oviedo

Florida

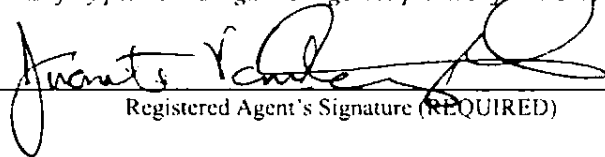
32765

City

State

Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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