

L200000091417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

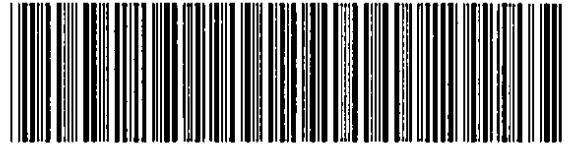
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W200000014410

Office Use Only

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MAR 26 2020



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2020 JAN 17 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2020

LOANMI DACOSTA HERNANDEZ
P.O. BOX 11058
NAPLES, FL 34101

SUBJECT: THERAPEUTIC TOUCH OF SOUTH FLORIDA LLC
Ref. Number: W20000014410

We have received your document for THERAPEUTIC TOUCH OF SOUTH FLORIDA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different than the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shondreka M Bellenger
Regulatory Specialist II

Letter Number: 720A00003147

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2020 JAN 17 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2020 MAR 16 AM 11:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THERAPEUTIC TOUCH OF SOUTH FLORIDA LLC EIN# 84-4276513

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:

LOANMI DACOSTA HERNANDEZ

Name of Person

THERAPEUTIC TOUCH OF SOUTH FLORIDA

Firm/Company

2272 Airport Road South Suite 201

Address

NAPLES FLORIDA 34112

City/State and Zip Code

LOADACOSTAH@GMAIL.COM

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

For further information concerning this matter, please call:

LOANMI DACOSTA HERNANDEZ 239 821-5120

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2020 JAN 17 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THERAPEUTIC TOUCH OF SOUTH FLORIDA LLC EIN# 84-4276513

(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:

Mailing Address:

2272 Airport Rd S Ste 201
NAPLES FL 34112

P.O. BOX 11058
NAPLES, FL 34101

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:

LOANMI DACOSTA HERNANDEZ

Name

14830 FRITCHEY RD

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

NAPLES

FL

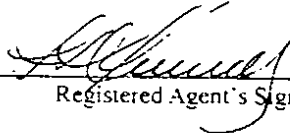
34114

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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2020 JAN 17 AM 9:00
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TALLAHASSEE, FLORIDA

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

LOANMI DACOSTA HERNANDEZ

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

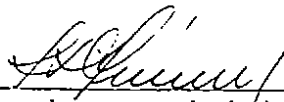
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

WILL BE PROVIDING SERVICES AS A MESSAGE THERAPIST

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

LOANMI DACOSTA HERNANDEZ

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 17 AM 9:00

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