

L200000105516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

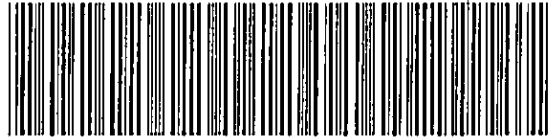
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 APR 14 PM 1:51

2020 APR 14 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

IN CUIT

APR 15 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 260328 7551041

AUTHORIZATION

COST LIMIT : \$ 155.00

ORDER DATE : April 13, 2020

ORDER TIME : 10:50 AM

ORDER NO. : 260328-005

CUSTOMER NO: 7551041

DOMESTIC FILING

NAME: POSSABILITIES THERAPY  
SERVICES, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** PossAbilities Therapy Services, 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:

Jessica Piotraczk

\_\_\_\_\_  
Name of Person

PossAbilities Therapy Services, LLC

\_\_\_\_\_  
Firm/Company

327 Kettering Rd.

\_\_\_\_\_  
Address

Davenport, FL 33897

\_\_\_\_\_  
City/State and Zip Code

jpiotraczk@aol.com

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

For further information concerning this matter, please call:

Jason Welch

800

927-9801 ext. 62048

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**

Please give original  
submission date as file date.

April 15, 2020

CSC

SUBJECT: POSSABILITIES THERAPY SERVICES, LLC  
Ref. Number: W20000037736

We have received your document for POSSABILITIES THERAPY SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the AMBR in Article IV.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 620A00007959

2020 APR 20 PM 1:49  
CSC

FILED

2020 APR 14 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PossAbilities Therapy Services, 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:**

327 Kettering Rd.

Davenport, FL 33897

**Mailing Address:**

327 Kettering Rd.

Davenport, FL 33897

**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:

Jessica Piotraczk

Name

327 Kettering Rd.

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

Davenport

FL

33897

City

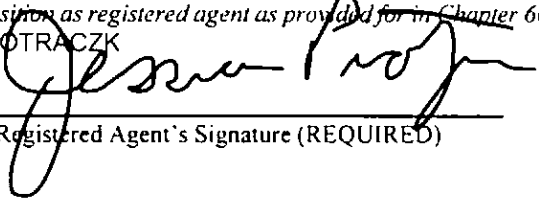
State

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.*

JESSICA PIOTRACZK

By

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

AMBR

Jessica Piotraczk  
327 Kettering Rd.  
Davenport, FL 33897

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 APR 14 AM 9:45

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

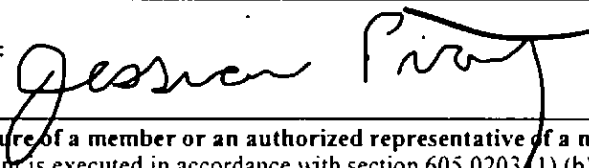
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

The specific purpose of PossAbilities Therapy Services, LLC is to provide occupational therapy and ancillary services.

**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.

JESSICA PIOTRACZK

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)