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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : FL PATEL LAW PLLC  
Account Number : 120170000097  
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Fax Number : (727)888-1294

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: hopercinstherapy@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**Hope Reins Equine Assisted Psychotherapy, PLLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



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## COVER LETTER

Thursday, May 20, 2021

To: New Filing Section  
Division of Corporation

Subject:  
**HOPE REINS EQUINE ASSISTED PSYCHOTHERAPY, PLLC**  
Name of Professional 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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**  
Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

7/21/2021 2:26 PM 10:43

**ARTICLES OF ORGANIZATION**

**FOR**

**HOPE REINS EQUINE ASSISTED PSYCHOTHERAPY, PLLC**

**A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.**

**Name**

The name of the Professional Limited Liability Company is: Hope Reins Equine Assisted Psychotherapy, PLLC (the "**Company**").

**ARTICLE II.**

**Address**

The principal office of the Company is:

5142 Lockhart Road  
Brooksville, Florida 34602

The mailing address of the Company is:

5114 Lockhart Road, Brooksville, Florida 34602

**ARTICLE III.**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Christina Kelley  
5142 Lockhardt Road  
Brooksville, Florida 34602

*Having been named as registered agent and to accept service of process for the above stated Professional 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.*



(sign)

Christina Kelley

**ARTICLE IV.**  
**Areas of Practice**

The area of professional service of the Company is limited to psychotherapy.

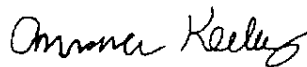
**ARTICLE V.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Christina Kelley 5142 Lockhart Road Brooksville, Florida 34602

**ARTICLE VI.**

The Effective date shall be the date of filing.



(sign)

**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.

Christina Kelley

Authorized Representative/Member