

L22 000 274714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

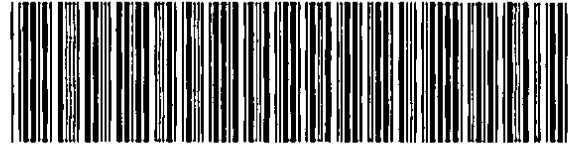
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

JUN 17 2022

22 MAY 25 AM 3:25

2022/05/25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Therapy International Institute LLC.
(Name of Resulting Florida Limited Company)

Please return all correspondence concerning this matter to:

Mania Lynch
(Contact Person)

Therapy Intern
(Firm/Company)

55 plaza Dr. Suite #7D
(Address)

palm Coast FL 32137
(City, State and Zip Code)

Tiionline edu@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Mania Lynch at (386) 585-4267
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 MAY 25 AM 3:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Therapy International Institute 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:

55 plaza Dr. Suite #7D
Palm Coast FL 32137

Mailing Address:

55 Plaza Drive Suite #7D
Palm Coast FL 32137

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

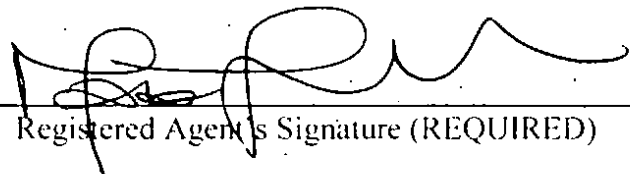
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARIA LYNCH
Name
55 plaza Dr Suite #7D
Florida street address (P.O. Box **NOT** acceptable)
Palm Coast FL 32137
City Zip

22 MAY 25 AM 3:25
RECEIVED
FLORENCE, SC

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Maria Lynch
55 plaza Dr Suite #70
Palm Coast FL 32137

(Use attachment if necessary)

22 MAY 25 AM 3:25

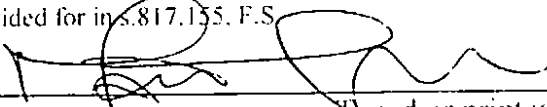
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ARTICLE V: Other provisions, if any.

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.817.135, F.S.

 (MARIA LYNCH)

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)

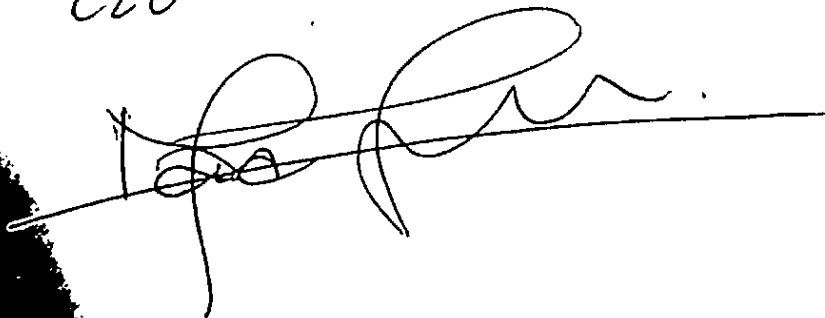
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6/29/2022

To whom may I Concur
I MARIA LYNCH President of
THERAPY INTERNATIONAL INSTITUTE INC.
(P18000092812).
There by her to released the
name THERAPY INTERNATIONAL
INSTITUTE LLC. (L22000027414)

MARIA LYNCH.

CEO.

A handwritten signature in black ink, appearing to be 'Maria Lynch', written over a horizontal line.