

L23000089797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

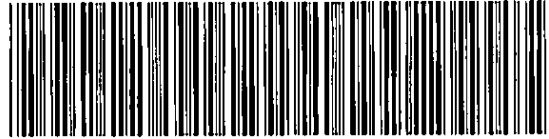
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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S. CHATHAM
FEB 28 2023

FILED

2023 FEB 22 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB 22 PM 1:48

DIRECTOR
CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02/22/23

NAME: BLUESTONE HYDROTHERAPY LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: BLUESTONE HYDROTHERAPY LLC
Ref. Number: W23000025383

We have received your document for BLUESTONE HYDROTHERAPY LLC.
However, the document has not been filed and is being returned for the following:

Please complete the registered agent address to be a full address.,

If you have any further questions concerning your document, please call (850)
245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 923A00004389

Please keep original filing date
Thank you!

RECEIVED
2023 FEB 27 PM 2:06
ALLAHIASSIT, LLC

COVER LETTER

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

SUBJECT: Bluestone Hydrotherapy 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:

Joseph A. YOLOfsky

Name of Person

YOLOfsky Law, P.A.

Firm/Company

100 SE 3rd Ave, Suite 1000

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

ajy@yolofskyllaw.com

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

For further information concerning this matter, please call:

Joseph YOLOfsky

954

237-4011

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bluestone Hydrotherapy 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:

Mailing Address:

5200 NW 33rd Ave. Suite 200

Same

Fort Lauderdale, Florida 33309

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:

Yolofsky Law, P.A.

Name

100 SE 3rd Ave., Suite 1000

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

Fort Lauderdale Florida 33394

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..

DocuSigned by:

A. J. Yolofsky

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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:

MGR

Stockbridge Trust
5200 NW 33rd Ave. Suite 200
Fort Lauderdale, FL 33309

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TALLAHASSEE FL

(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.

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.

DocuSigned by:

A. J. Udofsky

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)