

L23000384925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

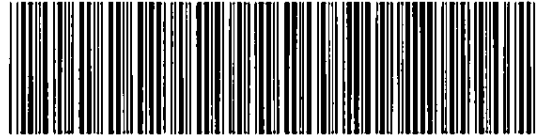
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900410170979

6/12/23 01029 004
*** 125 00

FILED

Jul 14, 2023 08:00 AM

Secretary of State

COVER LETTER

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

SUBJECT: Luvbugs Pediatric Physical Therapy 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:

Mary Lynne Bisone

Name of Person

Firm/Company

1155 Columbine Rd.

Address

Venice, FL 34293

City/State and Zip Code

luvbugsPPT@gmail.com

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

For further information concerning this matter, please call:

Mary Lynne Bisone 716 208-5934

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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 32307

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Luvbugs Pediatric Physical Therapy 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:

1155 Columbine Rd., Venice, FL 34293

1155 Columbine Rd., Venice, FL 34293

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:

Mary Lynne Bisone

Name

1155 Columbine Rd.

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

Venice

FL

34293

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.

Mary Lynne Bisone

Digitally signed by Mary Lynne Bisone
Date: 2023.06.21 13:40:00 -0400



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
Jul 14, 2023 08:00 AM
Secretary of State

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:

AMBR

Mary Lynne Bisme
1155 Columbus Rd
Venice, FL 34293

MGR

Mary Lynne Bisme
1155 Columbus Rd
Venice, FL 34293

(Use attachment if necessary)

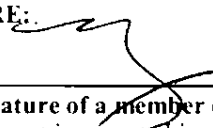
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Mary Lynne Bisme

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)