

Division of Corporations

L23000 399 538

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000295629 3)))



H2300029562934B00

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : KOTCHILTH VALDIVIA
Account Number : I20220000025
Phone : (305)332-1478
Fax Number : (305)456-4563

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

Email Address: _____

RECEIVED

2023 AUG 25 AM 9:11

CORPORATIONS
SPECIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
ANNE-MARIE ALLEN THERAPY SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

ALL INFORMATION
IS BEING
FORWARDED
TO THE
FILING
OFFICE

2023 AUG 25 AM 9:08

FILED

COVER LETTER

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

ANNE-MARIE ALLEN THERAPY SERVICES LLC

SUBJECT: _____
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:

ANNE-MARIE ALLEN

Name of Person
ANNE-MARIE ALLEN THERAPY SERVICES LLC

Firm/Company
4903 NW 27TH TER

Address
TAMARAC, FL 33309

City/State and Zip Code
ANNEMARIE194022@GMAIL.COM

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

For further information concerning this matter, please call:

ANNE-MARIE ALLEN 561 931-1167

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

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

MGR

ANNE-MARIE ALLEN

4901 NW 27TH TER

TAMARAC, FL 33391

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/24/2023 (OPTIONAL)
(If no 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:

Ab-Allen
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1)(b), Florida Statute.
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.

ANNE-MARIE ALLEN

Typed or printed name of signer

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)

FILED
2023 AUG 25 AM 9:08
TAMARAC, FL
AHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANNE-MARIE ALLEN THERAPY SERVICES LLC
 (Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4903 NW 27TH TER
TAMARAC, FL 33309

Mailing Address:

4903 NW 27TH TER
TAMARAC, FL 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:

ANNE-MARIE ALLEN
 Name

4903 NW 27TH TER
 Florida street address (P.O. Box **NOT** acceptable)

<u>TAMARAC</u>	<u>FL</u>	<u>33309</u>
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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)