

L24000204837

(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:

05/02/24

Office Use Only



600415202676

S. CHATHAM
MAY -7 2024

09/08/23--01024--006 **125.00

2024 MAY -2 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2023

CARA R. GILISON
1516 ANDERSON STREET
GREEN COVE SPRINGS, FL 32043 US

SUBJECT: THERAPY ON HOOVES PLLC
Ref. Number: W23000130240

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 223A00022050

2024 SEP 22 PM 11 23

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Therapy on Hooves PLLC
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:

CARA Gilison
Name of Person

Therapy on Hooves PLLC
Firm/Company

1516 Anderson Street
Address

Green Cove Springs, FL 32084
City/State and Zip Code

therapyonhooves@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARA Gilison at 904 540-5853
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)

Returned for connection

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAY -2 PM 5:31

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Therapy on Hooves PLLC
(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: CARA Gilison
1516 Anderson St
Green Cove Springs, FL 32043
Mailing Address: CARA Gilison
1516 Anderson St
Green Cove Springs, FL 32043

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:

CARA Gilison
Name
1516 Anderson St.
Florida street address (P.O. Box NOT acceptable)
Green Cove Springs FL 32043
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAY -2 PM 2:31

FILED

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..

CARA Gilison
Registered Agent's Signature (REQUIRED)

(CONTINUED)

* Specific professional purpose:
provide occupational therapy
services

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

CARA Gilson
1516 Addison St.
Green Cove Springs, FL 32043

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 1, 2024 (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:

CARA R Gilson
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.

CARA R. Gilson
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)

- Returned for
connection
letter encl