

Division of Corporations

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M12000001443

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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Fax Number : (850) 617-6383

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Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
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*As Requested - corrected
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609.747

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
SPEECH SERVICES LLC

*D/B/A SPEECH AND
SPEECH REHAB
SERVICES LLC*

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C. LEWIS

MAR 15 2012

EXAMINER

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3/14/2012 8:24:36 AM PAGE 1/001 Fax Server



March 14, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGENTS AND CORPORATIONS, INC.

SUBJECT: SPEECH SERVICES LLC
REF: W12000014259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please submit written consent form to use alternate name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H12000064984
Letter Number: 012A00009116

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of SPEECH SERVICES LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

DELAWARE

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

SPEECH AND SWALLOWING REHAB SERVICES LLC

(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: 3-14-12

Signature(s) of Manager(s) and/or Managing Member(s):

Kimberly Benauides

Kimberly Benauides

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 14 AM 8:01

FILED

FILED
12 APR 12 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. SPEECH SERVICES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

SPEECH AND SWALLOWING REHAB SERVICES LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC," "L.L.C.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. FEB. 13, 2012

(Date of Organization)

5.

(Duration: Year limited liability company will cease to exist or "perpetual")

6. MARCH 15 2012

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8655 104th Ave Vero Beach FL 32967

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Kimberly B. Benavides

8655 104th Ave Vero Beach FL, 32967

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

SPEECH THERAPY

Kimberly B. Benavides

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Kimberly Benavides

Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SPEECH SERVICES LLC

If unavailable, the alternate to be used in the state of Florida is:

SPEECH AND SWALLOWING REHAB SERVICES LLC

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

AGENTS AND CORPORATIONS, INC.

(Name)

300 FIFTH AVENUE SOUTH, STE 101-330

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

NAPLES

FL 34102

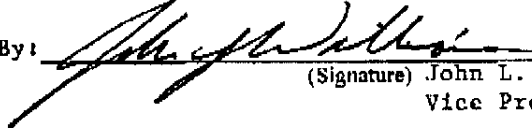
City/State/Zip

FILED
12 MAR 12 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, Florida Statutes.

AGENTS AND CORPORATIONS, INC.

By:



(Signature) John L. Williams
Vice President

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPEECH SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "SPEECH SERVICES LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPEECH SERVICES LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2012.



5108616 8300E

120294016

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9420709

DATE: 03-09-12