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TALLAHASSEE, FLORIDA

JZ  
8/23/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2017

ALEX GREENSPAN  
1110 2ND AVENUE, SUITE 302  
NEW YORK, NY 10022 US

SUBJECT: OUTREACH PHYSICAL AND OCCUPATIONAL THERAPY AND  
SPEECH REHABILITATION  
Ref. Number: W17000065274

We have received your document for OUTREACH PHYSICAL AND OCCUPATIONAL THERAPY AND SPEECH REHABILITATION 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 217A00016274

RECEIVED  
2017 AUG 21 AM 10:30  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OUTREACH PHYSICAL AND OCCUPATIONAL THERAPY AND SPEECH Rehabilitation PLLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alex GreenSpan / ANDREW ROPE  
Name of Person

OUTREACH PT, OT & SLP  
Firm/Company

1110 2nd Avenue Suite 302  
Address

NY, NY 10022  
City/State and Zip Code

info@outreach-rehab.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex GreenSpan at ( 212 ) 842-0099 / 1080  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed  a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BUTNERCH PHYSICAL AND OCCUPATIONAL THERAPY AND SPORTS REHABILITATION, PLLC, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1110 2nd Avenue Suite 302 6. 1110 2nd Avenue Suite 302  
(Street Address of Principal Office) (Mailing Address)  
NY, NY 10022 NY, NY 10022

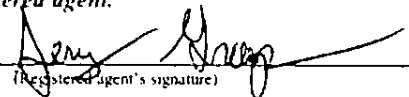
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JEROME GREENSPAN  
 Office Address: 327 SUNSET BAY LANE  
PALM BEACH GARDENS, Florida 33418  
(City) (Zip code)

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

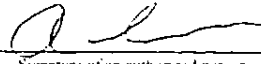
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Operations</u>	<u>Alex Greenspan</u>		
	<u>1110 2nd Avenue Suite 302</u>		
	<u>NY NY 10022</u>		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
Signature of an authorized person  
Alex Greenspan  
Typed or printed name of signee

**State of New York  
Department of State } ss:**

I hereby certify, that OUTREACH PHYSICAL AND OCCUPATIONAL THERAPY AND SPEECH REHABILITATION, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/07/2009, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 25th day of July two  
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal dashed line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*