

M17000007196

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
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

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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 PUC
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 / ANNE 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 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 | <input type="checkbox"/> \$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. OUTREACH PHYSICAL AND OCCUPATIONAL THERAPY AND SPEECH 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:

JENOME GREENSPAN

Office Address:

327 SUNSET BAY LANE

PALM BEACH GARDENS, Florida

33418
(Zip code)

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.

[Signature]
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Operations

Alex Greenspan

1110 2nd Avenue Suite 302

NY NY 10022

(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]
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 line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*