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Florida Department of State

Division of Corporations Public Access System

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ORIDA/FOREIGN LIMITED LIABILITY CO.

VIRTUAL - COUNSELING.COM, LLC

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EXAMINER₅₄₀₃

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	mpany is:
Virtual - Counseling.com, LLC	
Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company
i de manid someas ano aneci adones:	s of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
	Mailing Address: Attn: K. Patterson
Attn: K. Patterson	•
Principal Office Address: Attn: K. Patterson 8485.CARIBBEAN BLVD	Attn: K. Patterson
Attn: K. Patterson 8495,CARIBBEAN BLVD	Attn: K. Patterson P.O. Box 570888
Attn: K. Patterson 8485.CARIBBEAN BLVD BIAMI, FL 33157 ARTICLE III - Registered Agent, R	Attn: K. Patterson P.O. Box 570888

Ira Cohen - Attorney at Law - Silver, Garvett & Henkel, P.A.
Name

18001 Old Cutler Road, Suite 600

Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33157 FL City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

HILED

18 JUL 22 AM 8: 00

SECRETARY OF STATE

ALLAHASSEE ELONE.

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	·
MGR	Kristen Patterson
	P.O.Box 570888
	Miami, Florida 33257
	With the same of t
•	
LE V: Effective date, if other that fective date is listed, the date ma	n the date of filing: (OPTION ust be specific and cannot be more than five business d
(Use attachment if necessary) LE V: Effective date, if other that ffective date is listed, the date many days after the date of filing.)	n the date of filing: (OPTION ust be specific and cannot be more than five business d
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