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TALLAHASSEE, FLORIDA

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BRASHEAR & ASSOC. P.L.
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BRUCE BRASHEAR
WILLIAM CLAYTON MARTIN III

Of Counsel
LARRY D. MARSH
Florida Bar Board Certified Tax Lawyer

February 11, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: KATHLEEN M. GIERHART, LMHC, P.L.

Gentlemen:

Please find the original and one (1) copy of the *Articles of Organization* for the above-referenced PL. Upon filing should you determine that this PL's name is too similar to that of an existing PL, please call this office collect before returning the enclosed documents.

Also enclosed, please find our check in the amount of \$155.00 representing the following:

Filing Fee	\$100.00
Registered Agent Fee	\$25.00
Certified Copy	\$30.00.

After filing the original *Articles of Organization*, please return our copy to this office at the address listed above.

Sincerely,

BRASHEAR & ASSOC., P.L.

By: 
Christy L. Chaffin, Legal Assistant

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
KATHLEEN M. GIERHART, LMHC, P.L.**

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act (the "Act").

**ARTICLE I
NAME OF COMPANY**

The name of the professional limited liability company is KATHLEEN M. GIERHART, LMHC, P.L. (the "Company").

**ARTICLE II
PERIOD OF DURATION**

The Company shall terminate on February 11, 2105.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is as follows: 2610 N.W. 43rd Street, Suite 2C, Gainesville, FL 32606. The name and address of the Company's initial registered agent in the State of Florida is as follows: Kathleen M. Gierhart, 1829 S.W. 81st Terrace, Gainesville, FL 32607.

**ARTICLE IV
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS**

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the unanimous approval of the members entitled to vote.

**ARTICLE V
DISSOLUTION AND RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, unless within ninety (90) days after such event all of the remaining members agree in writing to continue the business of the Company.

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**ARTICLE VI
MANAGEMENT**

The Company will be managed by Kathleen M. Gierhart in accordance with the Company's regulations. The name and business address of the manager is as follows:

<u>Name</u>	<u>Address</u>
Kathleen M. Gierhart	2610 N.W. 43 rd Street, Suite 2C Gainesville, FL 32606

**ARTICLE VII
PURPOSE**

The Company is organized for the purpose of engaging in mental health counseling through persons licensed and qualified to practice mental health counseling in the State of Florida and any other jurisdiction in which the Company may engage in the practice of mental health counseling and for the purpose of engaging in enterprises related to or beneficial to the Company's practice of mental health counseling.

IN WITNESS WHEREOF, THE FOLLOWING MEMBERS HAVE EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 11 DAY OF FEBRUARY, 2005.


KATHLEEN M. GIERHART

STATE OF FLORIDA
COUNTY OF ALACHUA

Before me personally appeared KATHLEEN M. GIERHART who is known to me to be the persons who executed the foregoing Articles of Organization on behalf of KATHLEEN M. GIERHART, LMHC, P.L.

In witness whereof, I have hereunto set my hand and seal on this 11 day of February, 2005.




Notary Public, State at Large

Printed Name

My Commission Expires:

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is:

KATHLEEN M. GIERHART, LMHC, P.L.

2. The name and address of the registered agent and office is:

Kathleen M. Gierhart
1829 S.W. 81st Terrace
Gainesville, FL 32607

Having been named as registered agent and to accept service of process for the above stated professional 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.


KATHLEEN M. GIERHART, Registered Agent

Date: 2-11-05

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TALLAHASSEE, FLORIDA