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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILIES IN HARMONY, PLLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn A. Douglas, LMHC
(Name of Person)

Families In Harmony, PLLC
(Firm/Company)

111 2nd Ave. NE, Suite: 511
(Address)

St. Petersburg, FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn A. Douglas at (727) 384-0284
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILIES IN HARMONY, PLLC

ARTICLE II - Address:

The mailing address and street address of the principal office the Professional Limited Liability Company is:

Principal Office Address

111 2nd Avenue Northeast
Suite: 511
St. Petersburg, Florida 33701

Mailing Address:

5955 5th Avenue South
St. Petersburg, Florida 33707

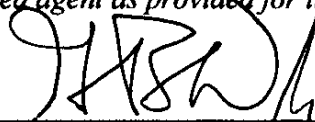
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

G. Barry Wilkinson, J.D., C.P.A.
696 1st Avenue North, Suite 201
St. Petersburg, Florida 33701

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Members(s)

The name and the address of each Manger or Managing Member is as follows:

Title:

Name and Address

MGR

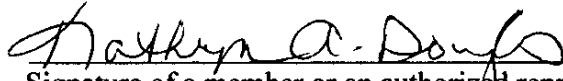
Geoffrey C. Knapp
5955 5th Avenue South
St. Petersburg, Florida 33707

MGRM

Kathryn A. Douglas, LMHC
5955 5th Avenue South
St. Petersburg, Florida 33707

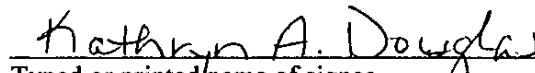
ARTICLE V - Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida Statutes, Chapter 621. The business of the company is limited to the one profession of **Mental Health Counseling** and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to some so qualified.



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

(In accordance with section 608.408(3), Florida Statutes, the execution of
This document constitutes an affirmation under the penalties of perjury
That the facts stated herein are true.)



Typed or printed name of signee

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