

207000127318

(Requestor's Name)

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EFFECTIVE DATE 12-6-07



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FILED
07 DEC 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB
12/11/07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael W Grogan, Ph.D., LMHC, LLC
(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:

Michael W. Grogan

(Name of Person)

Michael W Grogan, Ph.D., LMHC, LLC

(Firm/Company)

10394 Carolina Willow Drive

(Address)

Fort Myers, Florida 33913

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael W. Grogan

(Name of Person)

at (239) 433-3331

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2007

MICHAEL W. GROGAN
10394 CAROLINA WILLOW DRIVE
FT. MYERS, FL 33913

SUBJECT: MICHAEL W. GROGAN, PH. D., LMHC, LLC
Ref. Number: W07000060204

We have received your document for MICHAEL W. GROGAN, PH. D., LMHC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 007A00069710

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07 DEC 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael W Grogan, Ph.D., LMHC, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

13720 Jetport Commerce Parkway #8
Fort Myers, Florida 33913

Mailing Address:

10394 Carolina Willow Drive
Fort Myers, Florida 33913

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael W Grogan, Ph.D., LMHC, LLC

Name

10394 Carolina Willow Drive

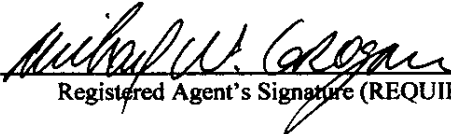
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, Florida 33913

City, State, and Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

EFFECTIVE DATE 12/6/07

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Michael W. Grogan, MGR

10394 Carolina Willow Drive

Fort Myers, Florida 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/6/2007 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(9), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael W. Grogan
Typed or printed name of signee

FILED
07 DEC 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)