Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

: (800)342-9856

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

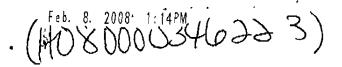
MINDY AGLER, LMHC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLE I - Name: The name of the Limited Liability Con	npany is:
-	•
MINDY AGLER, LMHC, LLC	
(Must end with the words 'Lle	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
75 J. J. J. & Martin, J. 3.3	Mailing Address:
Principal Office Address:	
68-10 PORTSIDE DRIVE	68-10 PORTSIDE DRIVE
	68-10 PORTSIDE DRIVE BOCA RATON, FL 33496
68-10 PORTSIDE DRIVE	

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

MINDY AGLER Name

68-10 PORTSIDE DRIVE

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

BOCA RATON

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)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MINDY AGLER
<u> </u>	68-10 PORTSIDE DRIVE
	BOCA RATON, FL 33496
(Use attachment if necessary)	
ICLE V: Effective date, if other than a effective date is listed, the date mo 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pri
70 days after the date of Indig.	•
<u>REQUIRED</u> SIGNATURE:	
Q1 C	Muses for
Signature of a m	ember of an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
MINDY AC	
	Typed or printed name of signee

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DIVISION OF CONFORMATIONS

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