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DIVISION OF CORPORATION

# **COVER LETTER**

Divisi	on of Corporation	S					
SUBJECT: _	JACQUELINE	GONZALEZ_	HELFELD,	LMST,	CAP,	P.L.	
(Name of Limited Liability Company)							
Dear Sir or Ma	dam:						
The enclosed A	articles of Correct	ion and fee(s) a	re submitted	for filing	<b>g</b> .		
Please return al	Il correspondence	concerning this	s matter to the	e followi	ng:		
Ja	nes B. Lyon,	Esq.		· · · · · · · · · · · · · · · · · · ·	_		
Ja	mes B. Lyon,	·					
	(Firm/	Company)			<del></del>		
33	00 Universit	y Drive, dress)	Suite 802	2			
	(Au	uicss)					
Co	ral Springs,		33065				
	(City/State	and Zip Code)					
For further info	rmation concernit	ng this matter,	olease call:				
James B.	Lyon, Esq.					52-3400	
	(Name of Person	1)	(A	rea Code	& Daytir	ne Telephone Number)	
Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Flo	porations g : Center Circle				Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	
\$25 Filing F	ee 🛭 \$30 Fil	Ū	\$55 Filio Certified		C	660 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)

TO:

Registration Section

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST			mited liability com EZ-HELFELD. LM				
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	JACQUELINE	GONZALEZ-	-HELFELD, LMFT,	CAP, P.L.			
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	Was defective the appropriat	ely signed. The correction	The manner in which are as follows:	ch the document wa	ns defectively sig	ned <b>Par</b> d RATE	
Dated:		61410	SC	.,,			
	Sign	ature of a m	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	ed representative of	tolpold a member		
	Jacqueline Gonzalez-Helfeld, Managing Member						
	Typed or printed name of signee						
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (option	al)		

i,

CR2E062 (08/05)

# Electronic Articles of Organization For Florida Limited Liability Company

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#### Article I

The name of the Limited Liability Company is: JACQUELINE GONZALEZ-HELFELD, LMST, CAP, P.L.

#### Article II

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

1881 UNIVERSITY DRIVE 202 CORAL SPRINGS, FL. US 33071

The mailing address of the Limited Liability Company is:

5944 CORAL RIDGE DRIVE 174 CORAL SPRINGS, FL. US 33076

### **Article III**

The purpose for which this Limited Liability Company is organized is:

TO ENGAGE IN PSYCHOTHERAPY, COUNSELING AND PROFESSIONAL SERVICES RELATING THERETO TO BE CARRIED OUT ONLY THROUGH ITS MEMBERS, EMPLOYEES AND AGENTS LICENSED OR OTHERWISE LEGALLY AUTHORIZED TO RENDER SUCH PROFESSIONAL SERVICES.

#### Article IV

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

JAMES B LYON ESQ. 3300 UNIVERSITY DRIVE 802 CORAL SPRINGS, FL. 33065

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.

Registered Agent Signature: JAMES B. LYON, ESO.

# Article V

The name and address of managing members/managers are:

Title: MGRM JACQUELINE GONZALEZ-HELFELD 1881 UNIVERSITY DRIVE, SUITE 202 CORAL SPRINGS, FL. 33071

Signature of member or an authorized representative of a member Signature: JACQUELINE GONZALEZ-HELFELD

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