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| (Re                     | equestor's Name)   |           |
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| (Ac                     | ddress)            |           |
| (Ac                     | ddress)            |           |
| (Ci                     | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bı                     | usiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
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B. KOHR MAY \_ 6 2010

**EXAMINER** 

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

# ANN M. SANTORO, MA. LMHC, LLC

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|       | Art of Inc. File               |
|-------|--------------------------------|
|       | LTD Partnership File           |
|       | Foreign Corp. File             |
|       | L.C. File                      |
|       | Fictitious Name File           |
|       | Trade/Service Mark             |
| ·     | Merger File                    |
|       | Art. of Amend. File            |
| ·     | RA Resignation                 |
|       | Dissolution / Withdrawal       |
|       | Annual Report / Reinstatement  |
|       | Cort. Copy                     |
|       | Photo Copy                     |
|       | Certificate of Good Standing   |
|       | Certificate of Status          |
|       | Certificate of Fictitious Name |
|       | Corp Record Search             |
|       | Officer Search                 |
|       | Fictitious Search              |
|       | Fictitious Owner Search        |
|       | Vehicle Search                 |
| /,    | Driving Record                 |
| lo AM | UCC 1 or 3 File                |
| Time  | UCC 11 Search                  |
| Timo  | UCC 11 Retrieval               |

Signature

Requested by

Name I

5 / W Date

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of this Company shall be:

ANN M. SANTORO, MA, LMHC, LLC.

# ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 4625 EAST BAY DRIVE, SUITE 301, CLEARWATER, FLORIDA 33764.

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

PATRICK M. O'CONNOR, ESQUIRE O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FLORIDA 33771

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.

O'CONMOR & ASSOCIATES

By:

Patrick M. O'Connor, Registered Agent

# ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.

PATRÍCK M. O'CONNOR

(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.)

# ARTICLE V MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

MGR

ANN M. SANTORO

4625 EAST BAY DRIVE, SUITE 301 CLEARWATER, FLORIDA 33764