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PICK-UP	WAIT	MAIL
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Effective Date 5/1/12

12 HAY -L AMIN: 31.

MAY - 8 2012

T. HAMPTON

COVER LETTER

TO:

•	tration Section on of Corporations	
SUBJECT:	JUDITH MICHAL	25k1 LCSW LLC. ed Liability Company
	Name of Limit	ed Liability Company
The enclosed A	articles of Organization and fee(s) are	submitted for filing.
Please return al	Il correspondence concerning this mat	ter to the following:
	JUDITH MICHA	SKI LOSW
		Name of Person
	JUDITH MICHALSK	1, LOSW
		Firm/Company
	5853 N.W. HANN.	DR.
		Address
	PORT ST. LUCIE, FL	34986 -3850
ĺ	Judymich 2003@ yah E-mail address: (to be used:	00, COM
	E-mail address: (to be used	for future annual report notification)
For further info	ormation concerning this matter, please	e call:
Jupi	TH MICHALSKI Name of Person	at (172) 34c - 3473 Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Effective Date 5/1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Judith Michalski LCSL (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5853 N.W. HANN DR. PORTST LUCIE, FL 34986-3850	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
CHARLES MICHA Name	45KI
5853 N.W. HANN Florida street addi	
PORT ST. Lucie City, Stat	FL 34986 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
Charles Mic	halski 7 \$50

(CONTINUED)

Page 1 of 2

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
NONE	
	
(Use attachment if necessary)	
TIF V. Effective data if other than the	ne date of filing: 5-1-2012 . (OPTION.
	be specific and cannot be more than five business da
days after the date of filing.)	we openine and common so more arms are a substitute we
• • • • • • • • • • • • • • • • • • • •	

REQUIRED SIGNATURE:

Gusith michalaki LOSW
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TUPITH MICHALSKI, LOSW

Typed or printed name of signee

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)