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ECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO.
THE COUNSELING CENTER FOR HEALING, PLLC

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**EXAMINER** 

#### ARTICLES OF ORGANIZATION

**OF** 

#### THE COUNSELING CENTER FOR HEALING, PLLC

I, the undersigned authorized representative of the Members, hereby makes, acknowledges and files these Articles of Organization for the purpose of forming a professional limited liability company under the laws of the State of Florida. The professional limited liability company is being formed for the practice of licensed therapy and all other activities permitted under applicable law.

## ARTICLE I

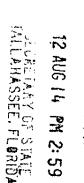
The name of this Professional limited Liability Company is:

THE COUNSELING CENTER FOR HEALING, PLLC

#### ARTICLE II ADDRESS

The street address and mailing address of the principal office is:

700 Ocean Royale Way PH4 Juno Beach, FL 33408



### ARTICLE III DURATION

The period of duration for the Professional Limited Liability Company shall be perpetual.

#### ARTICLE IV MANAGEMENT

The powers of the Professional Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Professional Limited Liability Company shall be managed under the direction of its Members and is, therefore, a member-managed company.

# ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The Member shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this \_\_\_\_\_day of August, 2012.

Beth A. Patterson Crews, Authorized Representative

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Professional Limited Liability Company is:

THE COUNSELING CENTER FOR HEALING, PLLC

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

Beth A. Patterson Crews, Esq. 1645 Palm Beach Lakes Boulevard, Suite 1200 West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated professional limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Beth A. Patterson Crews, Registered Agent