

L13000010653ABCT

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**FLORIDA LIMITED LIABILITY CO.
KATHERINE KEENER M.A. CCC/SLP, LLC**

Certificate of Status	0
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B. KOHR

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

KATHERINE KEENER M.A. CCC/SLP, LLC

ARTICLE II ADDRESS

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

1551 MAGNOLIA AVENUE
WINTER PARK, FLORIDA 32789

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

KATHERINE KEENER
1551 MAGNOLIA AVENUE
WINTER PARK, FLORIDA 32789

Having been named as registered agent 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.

X Katherine Keener M.A. CCC/SLP

KATHERINE KEENER / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER

KATHERINE KEENER

1551 MAGNOLIA AVENUE

WINTER PARK, FLORIDA 32789

.....

X Katherine Keener M.A. CCC/SLP

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.

KATHERINE KEENER

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