

L14000089887

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000041947 3)))



H140000418473ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From: GAIL S ANDRE

Account Name : LOWMEYER, BROSDICK, DOSTER, KANTOR, REED, P.A.
Account Number : 072730000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2014 FEB 20 AM 9:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO.
ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUN

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED

14 FEB 20 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 21 2014
D. BRUCE

**ARTICLES OF ORGANIZATION
OF
ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUNSELING
SERVICES, LLC**

ARTICLE I - NAME

The name of this limited liability company is ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUNSELING SERVICES, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the initial principal office of the Company is: 215 N. Eola Drive, Orlando, Florida 32801.

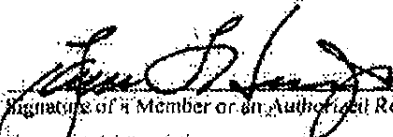
ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is James F. Heekin.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial manager of the Company shall be Elizabeth S. Gorovitz.

FILED
FEB 20 4 19 52
TAMPA
FLORIDA



Signatures of a Member or an Authorized Representative of a Member
James F. Heekin

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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 605, Florida Statutes.



James F. Heekin