

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L14000046252  
FILED 8:00 AM  
March 20, 2014  
Sec. Of State  
tcline**

**Article I**

The name of the Limited Liability Company is:  
HARRIET VOGEL GRIEF COUNSELING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
914 WINTERS CREEK RD.  
PALM CITY, FL. 34990

The mailing address of the Limited Liability Company is:  
914 WINTERS CREEK RD.  
PALM CITY, FL. 34990

**Article III**

Other provisions, if any:  
GRIEF COUNSELING AND OTHER RELATED LEGAL ACTIVITIES IN THE  
STATE OF FLORIDA.

**Article IV**

The name and Florida street address of the registered agent is:  
HARRIET VOGEL  
914 WINTERS CREEK RD.  
PALM CITY, FL. 34990

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.

Registered Agent Signature: HARRIET VOGEL

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
HARRIET VOGEL  
914 WINTERS CREEK RD.  
PALM CITY, FL. 34490

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Signature of member or an authorized representative

Electronic Signature: HARRIET VOGEL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.