

From:

04/14/2015 1:14:44

#155 P.001/003

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Debbie Thacker
Account Name : ALLEN DELL, P.A.
Account Number : 120040000136
Phone : (813) 223-5351
Fax Number : (813) 229-6682

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

Email Address: SRief@alendell.com

010374.0001

**FLORIDA LIMITED LIABILITY CO.
Joe Gandolfo, PhD & Associates, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

EFFECTIVE DATE

5/1

APR 15 2015

S. YOUNG

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STATE OF FLORIDA
TALLAHASSEE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joe Gandolfo, PhD & Associates, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:5214 S. Florida Avenue
Lakeland, FL 338135214 S. Florida Avenue
Lakeland, FL 33813

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Frank J. Rief, III

Name

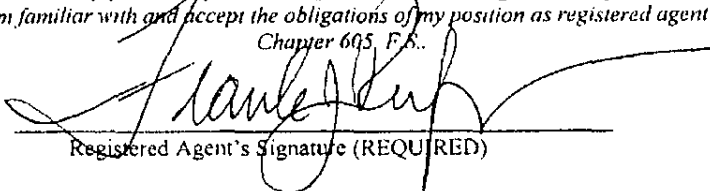
202 S. Rome Avenue, Suite 100Florida street address (P.O. Box **NOT** acceptable)Tampa

City

FL 33606

Zip

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, F.S.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 APR 14 PM 12:32

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TALLAHASSEE
15001

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Carol Jean Gandolfo

5214 S. Florida Avenue

Lakeland, FL 33813

MGR

William Howard

514 E. Hayward Avenue

Phoenix, Arizona 85020

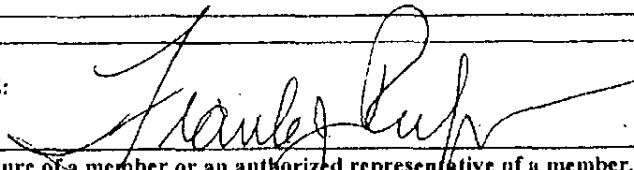
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

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)

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STATE OF FLORIDA