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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BARBARA WARSETSKY LCSW, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARBARA WARSETSKY Name of Person/
Firm/Company
12195 NW 10th Co
Address
CORAL SPRINGS PR 33071 City/State and Zip Code SURFLITE & GMAIL LOM
SURFLITE & GMA(L, LDM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GERALD WARSETSKY at (954) 899, 5454 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:		
BARBARA	WARSETSKY	LCSW.	LLC

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

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
725 N UNIVERSITY D #355	12195 NW 105 CF
brac Speiner 3767)	Conf. Speing Pi
	3307/

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:

(JERALD	WARSET	以大	1	
1920 NW	Name 18 ST	۴	13	
Florida street addre		OT acc	ceptable)	33065
City	State		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)

Page 1 of 2

Title: "AMBR" = Authorized "MGR" = Manager	Member MAR	Name and Address: BARBARA WARSETSKY 12195 NW 10 Co CONAL SPRING! FL 33071
of filing.)	ther than the date of fili date must be specific block does not meet the	and cannot be more than five business days prior to or 90 da ne applicable statutory filing requirements, this date will not be
LE V: Effective date, if o fective date is listed, the of filing.) f the date inserted in this	ther than the date of fili date must be specific block does not meet th the Department of Sta	and cannot be more than five business days prior to or 90 da ne applicable statutory filing requirements, this date will not be
LE V: Effective date, if of fective date is listed, the of filing.) If the date inserted in this ament's effective date on LE VI: Other provisions, REQUIRED SIGNAT This do I am aw	ther than the date of filidate must be specifically block does not meet the Department of Statisfany. URLE: Ignature of a member cument is executed in vare that any false infor	and cannot be more than five business days prior to or 90 de ne applicable statutory filing requirements, this date will not be

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)