

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H16000024483 3)))



H16000024483ABC

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) 617-6381

From:

Account Name : MATFER & HERBERT, P.A.
Account Number : I20110000087
Phone : (407) 425-9044
Fax Number : (407) 423-2016

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 JAN 29 AM 11:02

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

Email Address: RWillenspsy@gmail.com

**FLORIDA LIMITED LIABILITY CO.
RICHARD K. WILLENS, PSY. D., LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

16 JAN 29 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

RICHARD K. WILLENS, PSY. D., LLC

ARTICLE II - Address

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

**1155 Louisiana Ave., Suite 106
Winter Park, FL 32789**

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company. **RICHARD K. WILLENS**, whose address is 1155 Louisiana Ave., Suite 106, Winter Park, FL 32789, shall be appointed and serve as sole Manager.

The persons who are designated or appointed as President, Vice President and Treasurer shall carry out and further the decisions and actions of the manager(s) or members(s) made pursuant to the Operating Agreement and shall be authorized to do or cause to be done any and all acts or things deemed by the Manager to be necessary, appropriate or beneficial to carry out or further such decisions or actions.

(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.)



RICHARD K. WILLENS - Member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

RICHARD K. WILLENS, PSY. D., LLC

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

**RICHARD K. WILLENS
1155 Louisiana Ave. Suite 106
Winter Park, FL 32789**

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.

By: _____

Richard K. Wilens
RICHARD K. WILLENS