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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

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BY: _____

EFFECTIVE DATE
3-7-16

FLORIDA LIMITED LIABILITY CO.
SOUTH FLORIDA CENTER FOR COUPLES & FAMILIES, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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MAR 16 2016

CORP USA

[redacted] 600006340[redacted]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA CENTER FOR COUPLES & FAMILIES, PLLC
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:

YULIA WATTERS
Name of Person

Firm/Company

17555 ATLANTIC BLVD. APT. 606
Address

SUNNY ISLES BEACH, FL 33160
City/State and Zip Code

YULIAWATTERS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YULIA WATTERS 954 804-6410063407
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 ☒ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

[redacted] 03/15/2016 14:35 [redacted] PAGE 5/03/05

March 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: SOUTH FLORIDA CENTER FOR COUPLES & FAMILIES, PLLC
REF: W16000019301

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

PLEASE CORRECT THE ADDRESS ON THE REGISTERED AGENT SECTION AND/OR THE MANAGER/MEMBER SECTION. THE STREET OR CITY IS INCORRECT.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

FAX Aud. #: H16000063407
Letter Number: 616A00005314

P.O BOX 6327 – Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SOUTH FLORIDA CENTER FOR COUPLES & FAMILIES, PLLC
(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:**
1920 E. HALLANDALE BEACH BLVD.	SAME
SUITE 805	
HALLANDALE BEACH, FL 33009	

2016 MAR 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

EFFECTIVE DATE
3-7-16

YULIA WATTERS
Name

17555 ATLANTIC BLVD., APT. 606
Florida street address (P.O. Box NOT acceptable)

Sunny Isles Beach, FL 33160
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)

Enclosed is a check for the following amo

$125.00 Filing Fee

$160.00 Fi

$160.00 Fi

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	YULIA WATTERS 17555 ATLANTIC BLVD., APT. 606 SUNNY ISLES BEACH, FL 33160
AMBR	THE CENTER FOR COUPLES & FAMILIES, PLL(549 S. EGRET BAY BLVD., #300 LEAGUE CITY, TX 77573

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 7, 2016 . (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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Psychotherapy Clinic

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

YULIA WATTERS
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)