

L16000076761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

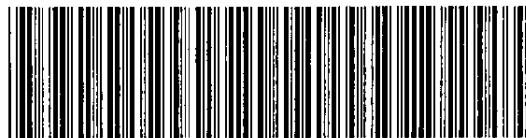
(Business Entity Name)

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APR 20 2016

T. SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MICHELE V. NOBERINI, LCSW, LLC

Signature

Requested by: BA

4/20/16

Name

Date

Time

Walk-In

Will Pick Up

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☒ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

ARTICLES OF ORGANIZATION FOR

Michele V. Noberini, LCSW, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Michele V. Noberini, LCSW, LLC**

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ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **5327 Commercial Way, Suite C-115, Spring Hill, Florida 34606**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **James R. Jones, Jr. P.A., 8352 Forest Oaks Boulevard, Spring Hill, Florida 34606**

ARTICLE IV: MANAGER MANAGED LLC

This LLC shall be Manager Managed and is not member managed.

ARTICLE V: MANAGER

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

Michele V. Noberini, Manager, 5327 Commercial Way, Suite C-115, Spring Hill, Florida 34606

ARTICLE VII: REPRESENTATION

The undersigned has executed these Articles of Organization for filing purposes this 20th day of April 2016.

"Your Capital Connection, Inc. by, Branden Allen, Client Representative"



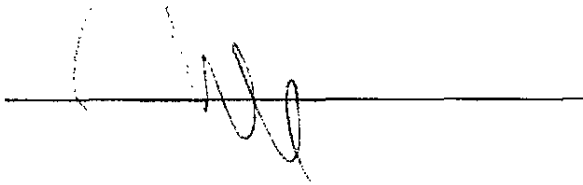
Authorized Representative

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TALLAHASSEE, FLORIDA

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

1. The name of the company is: Michele V. Noberini, LCSW, LLC
2. The name and address of the registered agent and office is:
James R. Jones, Jr. P.A.
8352 Forest Oaks Blvd
Spring Hill, Florida 34606

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.



Signature of Registered Agent

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