(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800287517018

07/06/16--01012--004 **125.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EUZabeth Domey, 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:
Elizabeth Donney Name of Person
Name of Person
Elizabeth Donney, LCCW, LC
Firm/Company
18281 1815+ Cir. S.
Address
Boxa Raton, FL 33498 City/State and Zip Code
elizabethdonneylcsw@amail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. ...

The name of the Limited Liability Company is:

ARTICLE I -'Name: '

(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:		
12798 W. Forest Hill Blvd. 18281 181st cir. s Suite 303 Wellington, FL 33414 Boca Raton, FL 3	<u>.</u> <u>4</u> 98	
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.)	2016 JUL	**** h
The name and the Florida street address of the registered agent are:	F	45 AC
EUZabeth Donney	9	
18981 18124 CIV. S.	AH II:	
Florida street address (P.O. Box NOT acceptable)	S	

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..

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized l "MGR" = Manager	Member	Name and Address:
(Use attachment if neces	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Ose attachment if neces	sai y)	
EV: Effective date if of	her than the date of filing:	(OPTIONAL)
ective date is listed, the of filing.) If the date inserted in this	date must be specific and block does not meet the a	(OPTIONAL) I cannot be more than five business days prior to or 90 d pplicable statutory filing requirements, this date will not be records
ective date is listed, the of filing.) If the date inserted in this	date must be specific and block does not meet the a the Department of State's	cannot be more than five business days prior to or 90 d
ective date is listed, the confiling.) If the date inserted in this ment's effective date on	date must be specific and block does not meet the a the Department of State's fany.	cannot be more than five business days prior to or 90 d

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)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2