

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (305) 617-6381

From:

Account Name : CORPOLICENSE, INC
Account Number : 120930060118
Phone : (305) 774-9606
Fax Number : (305) 774-9660

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

Email Address: Carol@1211@gmail.com

**FLORIDA LIMITED LIABILITY CO.
E & G FAMILY COUNSELING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 14 PM 1:00

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DO 9/15/16

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
E & G FAMILY COUNSELING, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

E & G FAMILY COUNSELING, LLC

ARTICLE II - ADDRESS:

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

**5245 Ramsey Way # 4
Fort Myers, FL 33907**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


Carolina Fabian

**5245 Ramsey Way, Suite # 4
Fort Myers, FL 33907**

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TALLAHASSEE, FLORIDA

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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.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>	<u>UNITS</u>
AMBR	CAROLINA FABIAN	100%


 Carolina Fabian
 5245 Ramsey Way, Suite # 4
 Fort Myers, FL 33907

(In accordance with section 605.0201, Florida Statutes,
 The execution of this document constitutes an affirmation under
 The penalties of perjury that the facts stated herein are true)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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