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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	Denise Palter, L.C.S.W., PLLC			
SUBJE		Limited Liabil	ity Company	
The end	losed Articles of Organization and fee(s	) are submitted	for filing.	
Please	return all correspondence concerning this	matter to the	following:	
	Denise Palter, L.C.S.W.			
		Name of	Person	_
	Denise Palter, L.C.S.W., PLLC	•		
		Firm/Co	empany	_
	605 West Bloomingdale Avenue	Suite B		18 A
		Addr	ess	
	Brandon, Florida 33511			24 *#
	dpalterlcsw@gmail.com	City/State an	d Zip Code	7. EX
	E-mail address: (to be u	sed for future a	annual report notification)	<u> - 으</u>
For furth	er information concerning this matter, ple	ease call:		
	Denise Palter	813 (	759-3417	
	Name of Person		Daytime Telephone Number	
Enclose	ed is a check for the following amount:			
\$125.0	9 Filing Fee \$\ \times \ \ \text{Certificate of Status}	LCertifi	200 Filing Fee & \$160.00 Filing Fee, Certificate of Status al copy is enclosed) Certified Copy (additional copy is enc	æ
	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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Denise Palter, L.C.S.W., PLLC  (Must contain 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:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
D. C. C. 1730C. A. M	
Principal Office Address: Mailing Address:	
605 West Bloomingdale Avenue, B  Brandon, Florida 33511  Brandon, Florida 33511  Brandon, Florida 33511	
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:	USIAIC VES
Denise Palter, L.C.S. W,	32 32 32 32 33 33 33 34 34 34 34 34 34 34 34 34 34
4301 Ellenville Place	
Florida street address (P.O. Box NOT acceptable)	
Valrico, Florida 33511  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)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Me	nher
"MGR" = Manager	
MGR	Denise Palter, L.C.S.W.
	4301 Ellenville Place
	Valrico, Florida 33596
	<u> </u>
EV: Effective date, if other ctive date is listed, the dat filling.)	than the date of filing: 9999999991/01/2017 (OPTIONAL) emust be specific and cannot be more than five husiness days prior to or 90 december 100 decem
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)