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Florida Department of State  
Division of Corporations  
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From:  
Account Name : FL PATEL LAW PLLC  
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Phone : (727)279-5037  
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**FLORIDA LIMITED LIABILITY CO.  
E.G. Psychological Services, PLLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00





## COVER LETTER

Friday, February 18, 2022

To: New Filing Section  
Division of Corporation

**Subject:**

**E.G. PSYCHOLOGICAL SERVICES, PLLC**  
Name of Professional Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return correspondence concerning this matter to the following:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

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**For further information concerning this matter, please call or e-mail:**  
Jamie Primeau [727-279-5037](tel:727-279-5037) or e-mail at [Support@flpatellaw.com](mailto:Support@flpatellaw.com)

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

**ARTICLES OF ORGANIZATION**

**FOR**

**E.G. PSYCHOLOGICAL SERVICES, PLLC**

**A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.**

**Name**

The name of the Professional Limited Liability Company is: E.G. Psychological Services, PLLC (the "Company").

**ARTICLE II.**

**Address**

The principal office and mailing address of the Company is:

2015 East 67th Street  
Brooklyn, NY 11234

**ARTICLE III.**

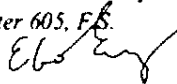
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Ester Goldvarg  
313 NE Second Street  
Apt 1105  
Fort Lauderdale, FL 33301

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*Having been named as Registered Agent and to accept service of process for the above stated Professional 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.*



(sign)

\_\_\_\_\_  
Ester Goldvarg

**ARTICLE IV.**  
**Area of Practice**

The area of professional service of the Company is limited to the practice of Psychotherapy.

**ARTICLE V.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Ester Goldvarg 2015 East 67th Street Brooklyn, NY 11234

**ARTICLE VI.**

The Effective date shall be the date of filing.



(sign)

**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.

Ester Goldvarg

Authorized Representative/Member

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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