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

EMAIL ADDRESS: MARYKATHRYN WENCH@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
Kate Wrench Counseling LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kate Wrench Counseling LLC

(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:**5934 NW 30 Ter
Gainesville, FL 326535934 NW 30 Ter
Gainesville, FL 32653**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:

Mary Kathryn Wrench

Name

5934 NW 30 TerFlorida street address (P.O. Box **NOT** acceptable)Gainesville FL 32653

City

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)

Mary Kathryn Wrench

(CONTINUED)

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