

L23000120059

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H2300000978573))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RAS1
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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: _____

FLORIDA LIMITED LIABILITY CO.
ARMAND LICENSED MARRIAGE AND FAMILY THERAPY PC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
MAR 10:21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARMAND LICENSED MARRIAGE AND FAMILY THERAPY PLLC

(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:1911 COLLINS AV, APT 2703
SUNNY ISLES BEACH, FL 33160Mailing Address:1911 COLLINS AV, APT 2703
SUNNY ISLES BEACH, FL 33160

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:

JULIA ARMAND

Name

1911 COLLINS AV, APT 2703Florida street address (P.O. Box **NOT** acceptable)SUNNY ISLES BEACH FL 33160

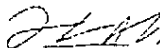
City

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.

O



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Name and Address:

Kelly Ghwenem

1911 COLLINS AV, APT 2703

SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

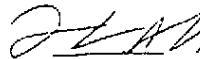
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

The purpose for this professional LLC is: Clinical Social Work (Psychotherapy, coaching, & education)

REQUIRED SIGNATURE:

○



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.

JULIA ARMAND

Typed or printed name of signer

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)

To

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850-617-6381

2023-03-15 13:12:52 CDT
3/15/2023 1:22:49 PM PAGE 1/001 Fax Server

Lexitas

From: Veronica Gonzalez



March 15, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: ARMAND LICENSED MARRIAGE AND FAMILY THERAPY PLLC
REF: W23000035509

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H23000097857
Letter Number: 023A00006010