

Florida Department of State

Division of Corporations

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

From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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FLORIDA LIMITED LIABILITY CO.

Femind Therapy, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION
FOR
FEMIND THERAPY, PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Professional Limited Liability Company is: Femind Therapy, PLLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

390 NE 191st St STE 8399
 Miami, FL 33179

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

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

FLP RA Services LLC
 360 Central Avenue
 Suite 800
 Saint Petersburg, FL 33701

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.

Vishva S Nandu (sign)

 FLP RA Services LLC

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ARTICLE IV.
Area of Practice

The area of professional service of the Company is limited to psychotherapy services.

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>
AMBR = Authorized Member MGR = Manager	
MGR	Kimberly Augsburger 390 NE 191st St STE 8399 Miami, FL 33179

ARTICLE VI.

The Effective date shall be the date of filing.

Kimberly Augsburger

(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.

Kimberly Augsburger

Authorized Representative/Member