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## **COVER LETTER**

•	stration Section ion of Corporations	
SUBJECT: _	Abundance Men Name of Limited L	tal Health Counseling LLC iability Company
The enclosed A	Articles of Organization and fee(s) are subm	itted for filing.
Please return a	Il correspondence concerning this matter to	the following:
	Amanda E.Ho	ollywood ne of Person
_	Abundance, Men	tal Health Counseling LLC
3	2313 Broadway St., Si	rite 310 (Sehring, FL 33870) Address
_	Sebring FL  City/Sta  abundance  E-mail address: (to be used for full	te and Zip Code  mhc@gmail.com  ture annual report notification)
For further info	rmation concerning this matter, please call:	
Ð	manda Hollywood at (954) Name of Person Area Co	
Enclosed is a	check for the following amount:	
\$125.00 Filing	Certificate of Status	155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Abundance, Mental Health 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:  32.313 Broadway St. Stife 310  Sebring, FL 33870  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:  Amanda E. Hollywood  Name  4512 Sandwedge Way  Florida street address (P.O. Box NOT acceptable)  Sebona a Fl. 33072
Sebning FL 33972  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)
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