

A05000001820

Broder Consulting  
3331W Hibiscus St  
PSL, FL 34983

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

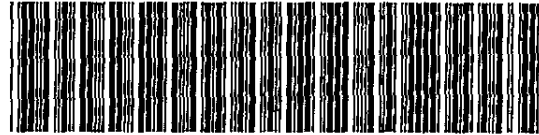
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DIANE J. JOHNSONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bracken Counseling Services, LLP  
(Name of Limited Partnership)

DOCUMENT NUMBER: 605223900146

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Mancuso  
(Name of Person)

Bracken Counseling Services, LLP  
(Firm/Company)

333 NW Hibiscus St  
(Address)

Port St Lucie, FL 34983  
(and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Bracken at (772) 332-9611  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

Bracken Counseling Services, LLP

Insert limited partnership's Florida document number:

A05000001820

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Bracken Counseling Services, LLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:

(if different from current recorded address):

333 NW Hibiscus St

Port St. Lucie, FL 34983

4. The street address of principal office in Florida:

(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

☒ as of the date this document is filed with the Florida Secretary of State

or

☐ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:

Kinda Mancuso

333 NW Hibiscus St

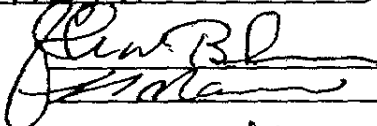
Port St. Lucie

Florida 34983

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 16<sup>th</sup> day of August, 2005.

Signature of TWO Partners:



Typed or printed names of partners signing above:

John W. Bracken

Kinda Mancuso

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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