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STATE
TALLAHASSEE, FLORIDA

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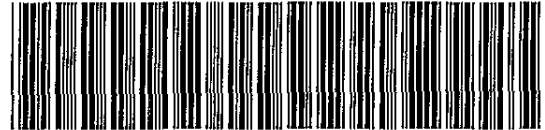
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 OCT -3 PM 2:14
OFFICE OF STATE
CLERK, FLORIDA

SUBJECT: AAA AUSTIN COUNSELLING, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Austin

(Name of Person)

AAA AUSTIN COUNSELLING, LLC

(Firm/Company)

333 NE 21st Ave, Suite #1622

(Address)

DEERFIELD BEACH, FL. 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Austin

(Name of Person)

at

954, 725 6552

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAA Austin Counselling LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

333 NE 21st Ave
Suite #1622
DEERFIELD BEACH, FL 33441

Mailing Address:

333 NE 21st Ave
Suite #1622
DEERFIELD BEACH, FL 33441

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ANN AUSTIN
Name
333 NE 21st Ave, Suite #1622
Florida street address (P.O. Box **NOT** acceptable)
DEERFIELD BEACH FL 33441
City, State, and 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 608, F.S.


Registered Agent's Signature

The office will be moved to 245 Atlantic
Pavillion (Stores & Offices) 245 NE 21st Ave, Deerfield Beach,
FL 33441
I will notify you when (CONTINUED) This takes place.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

ANN AUSTIN
333 NE 21st AVE
SUITE #1622
DEERFIELD BEACH, FL 33441

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ann Austin

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)