

W05000005077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

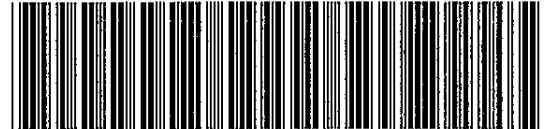
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800043488378

12/23/04--01012--015 \*\*155.00

FILED  
2005 JAN 14 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W05-5077  
Q2



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 3, 2005

JOHN NORRIS  
P.O. DRAWER 2349  
LAKE CITY, FL 32056-2349

SUBJECT: A M H COUNSELING, P.L.  
Ref. Number: W05000000197

We have received your document for A M H COUNSELING, P.L. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 105A0000000

2005 JAN 14 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NORRIS & JOHNSON, P.A.  
ATTORNEYS AT LAW  
253 N.W. MAIN BOULEVARD  
P.O. DRAWER 2349  
LAKE CITY, FL 32056-2349

John E. Norris  
Guy W. Norris  
Leandra G. Johnson

Tel: (386) 752-7240  
Fax: (386) 752-1577

December 22, 2004

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: A M H Counseling, P. L.


Gentlepersons:

Enclosed for filing are original and one copy of Articles of Organization of A M H Counseling, P.L., a Profession Limited Liability Company, together with this firm's check in the amount of \$155.00 which represents \$100.00 for the filing fee, \$25.00 for Designation of Registered Agent and \$30.00 for a certified copy.

Please return the certified copy to this office.

Should you have any questions or comments regarding the foregoing, please do not hesitate to contact me. Thank you for your courtesy.

Sincerely yours,

  
John E. Norris

JEN/sc  
Enclosures  
cc: Mr. Andrew M. Harrell

FILED  
2005 JAN 14 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NORRIS & JOHNSON, P.A.  
ATTORNEYS AT LAW  
253 N.W. MAIN BOULEVARD  
P.O. DRAWER 2349  
LAKE CITY, FL 32056-2349

John E. Norris  
Guy W. Norris  
Leandra G. Johnson

Tel: (386) 752-7240  
Fax: (386) 752-1577

January 13, 2005

Ms. Tammi Cline  
Document Specialist  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: A M H Counseling, P. L.  
Ref. Number: W05000000 197  
Letter Number: 105A00000088


Dear Ms. Cline:

Pursuant to your letter of January 3, 2005, enclosed for filing are an original and one copy of Articles of Organization of A M H Counseling, P.L., a Professional Limited Liability Company, reflecting the specific purpose of the entity as set forth in paragraph 2. Also enclosed is a copy of your letter of January 3, 2005 as requested.

Please file the original Articles and return the certified copy to this office.

Thank you for your courtesies. Please contact me should you have any questions.

Sincerely yours,

  
John E. Norris

JEN/sc  
Enclosures  
cc: Mr. Andrew M. Harrell

FILED  
JAN 14 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**A M H COUNSELING, P. L.**  
**A PROFESSIONAL LIMITED LIABILITY COMPANY**

(Pursuant to Chapter 608 and 621, Florida Statutes)

1. **Name.** The name of the professional limited liability company is A M H COUNSELING, P.L.
2. **Purpose.** The purpose of this professional limited liability company is for transaction of lawful business for the practice of mental health counselor.
3. **Address of Principal Office.** The street address of the principal office of the professional limited liability company is:  
  
1007 W. Howard Street, Live Oak, Florida 32064.
4. **Mailing Address.** The mailing address of the professional limited liability company is:  
  
Post Office Box 535, Live Oak, Florida 32064.
5. **Registered Agent:** The name and street address of the initial registered agent for service of process in the state is John E. Norris, 253 NW Main Blvd., Lake City, Florida 32055.
6. **Members at Time of Formation.** There will be at least one member at the time the professional limited liability company is formed.
7. **Period of Duration.** The period of duration shall be perpetual.
8. **Management.** The professional limited liability company is to be managed by one or more managers and is, therefore, a manager - managed company.
9. **Effective Date.** The effective date of the professional limited liability company shall be upon the date of filing with the Secretary of State of the State of Florida.
10. In accordance with section 608.408(3), Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.

  
ANDREW M. HARRELL, Member

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

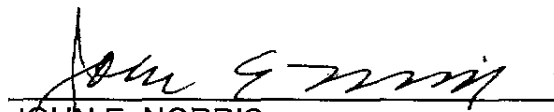
2005 JAN 14 AM 10:49

FILED

The name and the Florida Street address of the registered agent for A M H Counseling, P.L. are:

JOHN E. NORRIS  
NORRIS & JOHNSON, P.A.  
253 N.W. Main Boulevard  
Lake City, Florida 32055

*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 608, F.S.*

  
JOHN E. NORRIS  
253 N W Main Blvd.  
Lake City, Florida 32055

FILED  
2005 JAN 14 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA