

L05000099858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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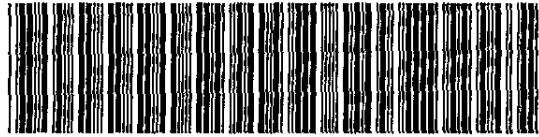
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers OCT 11 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crossroads Counseling Center, 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:

Linda Hafen  
(Name of Person)

Crossroads Counseling Center, LLC  
(Firm/Company)

5018 School Rd  
(Address)

New Port Richey, FL 34653  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Hafen at 727 647-3818  
(Name of Person) (Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

- ☒ ~~\$125.00 Filing Fee~~    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

Crossroads Counseling Center, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

8212 Massachusetts Ave  
Suite A  
New Port Richey, FL 34653

### Mailing Address:

8212 Massachusetts Ave.  
Suite A  
New Port Richey, FL 34653

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

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

John E. Hafen  
Name

5018 School Rd  
Florida street address (P.O. Box **NOT** acceptable)  
New Port Richey, FL 34653  
City, State, and Zip

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*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..*

John E. Hafen  
Registered Agent's Signature

(CONTINUED)

**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

**Name and Address:**

MGR

Linda Hafen  
5018 School Rd  
New Port Richey, FL 34653

MGRM

John Hafen  
5018 School Rd.  
New Port Richey, FL 34653

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(Use attachment if necessary)

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

*See attached Article V*

**REQUIRED SIGNATURE:**

*John E. Hafen*  
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.)

John E. Hafen  
Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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**ARTICLE V- Effective Date**

The effective date of the Limited Liability Company is:

October 01, 2005

John E. Hafen  
Signature of member or an authorized representative of a member

John E. Hafen  
Typed or printed name of signee

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