

**1060000 24 209**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000059824 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED  
MAR -6 PM 9:22  
STATE  
OF FLORIDA

FILED

*3/7*  
*West*

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Access Counseling Associates LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
06 MAR -6 AM 7:52  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Access Counseling Associates LLC**

## ARTICLE II - Address

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


Principal Office Address:Mailing Address:3480 Depew Circle, Suite 23480 Depew Circle, Suite 2Port Charlotte, FL 33952Port Charlotte, FL 33952

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

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

CorpDirect Agents, Inc.Name515 East Park Avenue(P.O. Box or Mail Drop Box **NOT** Acceptable)Tallahassee, FL 32301(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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature - Ed Lary - Ass't Secretary

## 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:MGRDawn Lindner- 3480 Depew Circle, Suite 2, Port Charlotte, FL 33952MGRJoan Flynn- 3480 Depew Circle, Suite 2, Port Charlotte, FL 33952

(Use attachment if necessary)

## REQUIRED SIGNATURE:

*Dawn Lindner*

Signature of a member or 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. )

Dawn Lindner

Typed or printed name of signee

FILED  
CLERK  
JUL 11 2006  
PORT CHARLOTTE, FL  
22 5 11 9:22