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DIVISION OF CORPORATIONS  
2006 JUL 10 PM 1:29

DB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Attain Your Dreams Coaching and Counseling Services, P.L.  
(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:

Sandra Magliacani-Shern, Lm Hc  
(Name of Person)

Attain Your Dreams Coaching and Counseling Services, P.L.  
(Firm/Company)

c/o Center for Individual & Group Counseling, 7301 w. Palmetto Rd. #205A  
(Address)

Boca Raton, FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Magliacani-Shern at (561) 445-4094  
(Name of Person) (Area Code & Daytime Telephone Number)

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)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Attain Your Dreams Coaching and Counseling Services, P.L.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

c/o Center for Indiv + Group Counseling  
7301 W. Palmetto Park Rd.  
Boca Raton, FL 33433

#### Mailing Address:

c/o Center for Indiv. + Group Counseling  
7301 W. Palmetto Park Rd.  
Boca Raton, FL 33433

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sandra Magliacani - Stern  
Name

7301 W. Palmetto Park Rd. Suite 205 A

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33433

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.

Sandra Magliacani - Stern  
Registered Agent's Signature (REQUIRED)

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**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:**

MGRM

Sandra Magliacani - Stern, LMHC  
40 Indiv + Group Counseling, 7301 W. Palmetto Park Rd  
Suite 205A Boca Raton FL 33433

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Sandra Magliacani - Stern

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.)

Sandra Magliacani - Stern

Typed or printed name of signee

**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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DIVISION OF CORPORATIONS  
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June 20, 2006

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

Dear Registration Section, Division of Corporations:

I am applying for a **PROFESSIONAL** Limited Liability Company designation.

Since I hold a professional license as a mental health counselor, it is my understanding that instead of applying for an LLC, I must designate the entity as a Professional Limited Liability Company.

Attached is the completed Limited Liability Company form. I did not find a different form for a *Professional* Limited Liability Company.

Please feel free to contact me with any questions. Thank you.

Sincerely,



Sandra Magliacani-Shern  
(561) 445-4094

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