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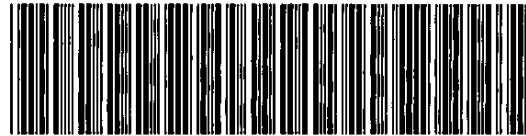
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2006

VERONICA EDDY, RN, BA, PHD
P.O BOX 3567
SPRING HILL, FL 34611

SUBJECT: DOVE CONSULTING AND COUNSELING GROUP, LLC
Ref. Number: W06000039030

We have received your document for DOVE CONSULTING AND COUNSELING GROUP, LLC. However, the document has not been filed and is being returned for the following:

The principal address must be at a street address. A post office box is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER
OFFICE CLERK

Letter Number: 906A00053828

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOVE CONSULTING and COUNSELING Group, 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:

VERONICA EDDY RN, BA, PHD- MGRN
(Name of Person)

DOVE CONSULTING and COUNSELING Group, LLC
(Firm/Company)

PO Box 3567
(Address)

Spring Hill, FL 34611
(City/State and Zip Code)

For further information concerning this matter, please call:

VERONICA EDDY at (727) 919-1854
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DOVE CONSULTING and Counseling Group, LLC
(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:

7522 Santa Fe Trail
Bayonet Pt., FL 34667

Mailing Address:

P.O. Box 35267
Spring Hill, FL 34611

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:

VERONICA EDDY RN, BA, PhD
Name
7522 Santa Fe Trail
Florida street address (P.O. Box NOT acceptable)
Bayonet Point FL 34667
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.

Veronica Eddy RN, BA, PhD
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:MGRMVERONICA EDDY RN, BA, PhDPO BOX 3567Spring Hill, FL 34611MGRMSANDRA GONZALEZ Coronado BAPO BOX 3567Spring Hill, FL 34611

(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:

x Veronica Eddy RN, BA, PhD - MGRM
 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.)

VERONICA EDDY RN, BA, PhD - MGRM
 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)