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DIVISION OF CORPORATIONS

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### **COVER LETTER**

Division of Corporations	
SUBJECT: Close Counse	ching, LLC
(Name of Limited	Liability Company)
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Paul Franson	
Laclas Plus	ame of Person)
	exity Drive, Suite C
Plan tution,	
(City/S	State and Zip Code)
For further information concerning this matter, please c	all·
$\mathcal{O}$	
	at (954) 472-9144
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & □ \$160.00 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

## The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:**

Principal Office Address:

**ARTICLE I - Name:** 

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

**Mailing Address:** 

1488 Haybor Side Drine 1488 Haybor Side Dring Weston, PL 33326 Weston, PL 3332	6
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:	
Mame M88 Harbor Side Drike	RY OF STATE CORPORATIONS 5 PM 2: 26

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 (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> 'MGR" = Man 'MGRM" = M	ager anaging Member	Name and Address:
NGRN		Linda Close 1488 Harbai Side Drive Waston, Fr 23326
	<del></del>	
Use attachmer	nt if necessary)	
LE V: Effective date is l	e date, if other than the	e date of filing: (OPTION be specific and cannot be more than five business of
LE V: Effective date is leading after the	re date, if other than the listed, the date must he date of filing.)	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)