

Apr 29.00 02:12p

A1a Incorporation

1305675311

p.1

L10000046413

Florida Department of State
Division of Corporations
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.

(((H10000104221 3)))



H100001042213ABCL

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) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

L. SELLERS
APR 30 2010
EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
10 APR 29 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ANew COUNSELING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
10 APR 29 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H100001042213

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ANew COUNSELING, LLC

ARTICLE II ADDRESS

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

21 OLD KINGS RD N STE 208
PALM COAST, FLORIDA 32137

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SIBEL GUELSEREN
21 OLD KINGS RD N STE 208
PALM COAST, FLORIDA 32137

Having been named as registered agent 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.

x 

SIBEL GUELSEREN / Registered Agent's signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 29 AM 10:41

FILED

H100001042213

PAGE 2

ANew COUNSELING, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.


ARTICLE V MEMBERS (optional)

MANAGING MEMBER

SIBEL GUELSEREN

21 OLD KINGS RD N STE 208

PALM COAST, FLORIDA 32137

.....
x 

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.

SIBEL GUELSEREN

FILED
10 APR 29 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA