

L10000061080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

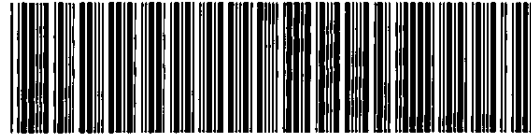
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900181657969

06/07/10 -01032--011 **125.00

Effective Date 06/01/10

FILED
10 JUN - 7 AM 07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 8 2010

EXAMINER

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: JAMES H CRAGGS, III, LMHC, PLLC

Enclosed are an original and one(1) copy of the Articles of Incorporation and a check for \$125.00.

FROM: East Washington Accounting Services, Inc.
P. O. Box 1006
Pierson, FL 32180
(386) 749-9010

Effective Date 06/01/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN -7 AM 10:07

**ARTICLES OF ORGANIZATION
OF
JAMES H. CRAGGS, III, LMHC, PLLC**

ARTICLE I: NAME

The name of the Limited Liability Company is:

JAMES H. CRAGGS, III, LMHC, PLLC

ARTICLE II: ADDRESS

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

402 Old Quarry Road, St. Augustine, FL 32080

ARTICLE III: PURPOSE

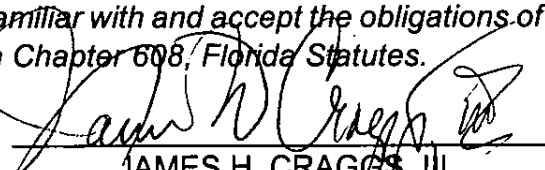
The purpose for which this Limited Liability Company is organized is any lawful purpose including, but not limited to, the practice of licensed mental health counseling.

**ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

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

James H. Craggs, III
402 Old Quarry Road
St. Augustine, FL 32080

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, Florida Statutes.


JAMES H. CRAGGS, III

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -7 AM 11:07

ARTICLE V: MANAGING MEMBER

The name and address of the Managing Member is as follows:

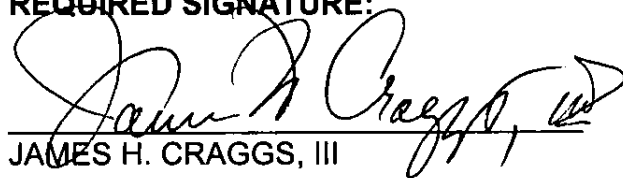
Managing Member

James H. Craggs, III
402 Old Quarry Road
St. Augustine, FL 32080

ARTICLE VI: EFFECTIVE DATE

The effective date of this Limited Liability Company shall be: June 1, 2010.

REQUIRED SIGNATURE:


JAMES H. CRAGGS, III

6/1/2010
DATE

(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.)

JAMES H. CRAGGS, III
Name of signee