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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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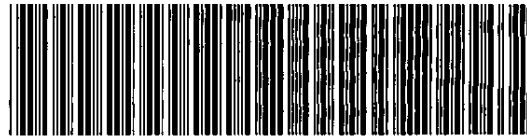
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
Sept. 2 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2010

TARA P. HRUBY, LMHC  
PIPER COUNSELING & PSYCHIATRIC SERVICES  
1101 NE 15TH STREET  
CAPE CORAL, FL 33909

SUBJECT: PIPER COUNSELING & PSYCHIATRIC SERVICES LLC DBA THE  
BACK DOOR COUNSELING  
Ref. Number: W10000039632

We have received your document for PIPER COUNSELING & PSYCHIATRIC SERVICES LLC DBA THE BACK DOOR COUNSELING and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 910A00020147

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Piper Counseling & Psychiatric Services, LLC  
Name of Limited Liability Company  
DBA- The Back Door Counseling

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara P. Hruby, LMHC  
Name of Person

Piper Counseling & Psychiatric Services  
Firm/Company

1101 NE 15th Street  
Address

Cape Coral, FL 33909  
City/State and Zip Code

tarahruby@embarqmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara P. Hruby, LMHC at 239 699-8622  
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:

Piper Counseling & Psychiatric Services, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

11639 Cape Coral Pkwy Ste 211  
Cape Coral, FL  
33904

#### Mailing Address:

1101 NE 15<sup>th</sup> Street  
Cape Coral, FL  
33909

### 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:

Tara P. Hruby, LMHC  
Name  
1101 NE 15<sup>th</sup> Street  
Florida street address (P.O. Box NOT acceptable)  
Cape Coral FL 33909  
City, State, and Zip

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*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..*

Tara P. Hruby, LMHC  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

Tara P. Hruby, LMHC  
1101 NE 15<sup>th</sup> Street  
Cape Coral, FL 33909

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/1/10. (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:**

Tara P. Hruby, LMHC  
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.)

Tara P. Hruby, LMHC  
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)