

L10000128784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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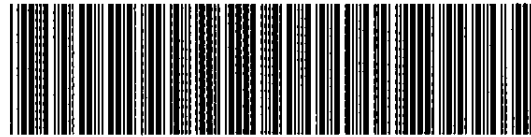
**L. SELLERS**

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**EXAMINER**

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**FILED**  
10 DEC 15 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Employee and Family Assistance Consultants, 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:

Karen J. Hill

Name of Person

Employee and Family Assistance Consultants, LLC

Firm/Company

1501 Robert J Conlan Blvd., Suite 200

Address

Palm Bay, FL 32905

City/State and Zip Code

efac@employeeandfamilyassistance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen J. Hill

Name of Person

at ( 321 )

723-8823

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

*paid 11-23-10  
check # 4287*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Employee and Family Assistance Consultants, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C." or the designation "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1501 Robert J. Conlan Blvd.

Suite 200

Palm Bay, FL 32905

**Mailing Address:**

1501 Robert J. Conlan Blvd.

Suite 200

Palm Bay, FL 32905

**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:

Karen J. Hill

Name

1501 Robert J. Conlan Blvd., Suite 200

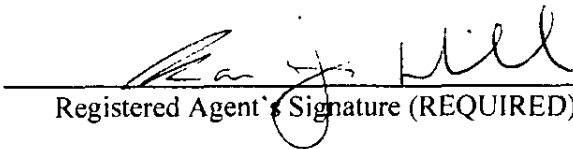
Florida street address (P.O. Box **NOT** acceptable)

Palm Bay

FL 32905

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Kelly H. Freund

1501 Robert J. Conlan Blvd., Suite 200

Palm Bay, FL 32905

MGRM

Karen J. Hill

1501 Robert J. Conlan Blvd., Suite 200

Palm Bay, FL 32905

MGRM

Ruth E. Sanderson

1501 Robert J. Conlan Blvd., Suite 200

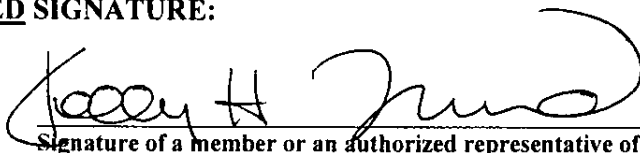
Palm Bay, FL 32905

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2011  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kelly H. Freund

Typed or printed name of signee