L11000049601

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000204036300

Effective Date 05/01/11

04/26/11--01033--006 **130.00

FILED

11 APR 26 PH 1: 38

SECRETARY OF STATE FALLAHASSEE, FLORID.

J. BRYAN

APR 2 7 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Transitions Counseling and Wellness, 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:
Mariah Spenaler Named Ferson
Transitions Counseling and Wellhess, LLC Firm/Company
7257 NW 41 Blod, PMB 180
Gainesville, FL 32607 City/State and Zip Code
M1 spender (6 a 0). (ON PR P P P P P P P P P P P P P P P P P P
For further information concerning this matter, please call:
For further information concerning this matter, please call: Manah Spenglev at (352) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

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

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:
Transitions Counseling and Wellness 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: Mailing Address:
2631 NW 41st Street 7257 NW 4th Blud, PMB 180 Suite E-5 Gainesville, FL 32607
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.) Effective Date 05 01 11
The name and the Florida street address of the registered agent are:
Minor Manah Brown Spengler Name
Florida street address (P.O. Box NOT acceptable)
Cainesville, FL, 32607 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

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>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Manah Springter 32607
·	
fective date is listed, the date must l	e date of filing: May 1,2011. (OPTION/be specific and cannot be more than five business day
LE V: Effective date, if other than the	e date of filing: May 1,2011. (OPTION) be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: May 1,201 . (OPTION) be specific and cannot be more than five business da Mul Spale
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	be specific and cannot be more than five business da Maul Spal

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)