

L1100011 0028 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

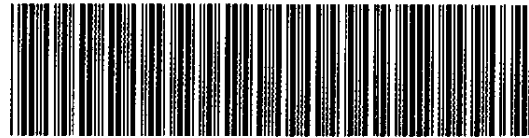
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200211059682

08/31/11--01005--022 \*\*130.00

EFFECTIVE DATE 08-29-11

SECTION 21 STATE  
TALLAHASSEE, FLORIDA

11 AUG 31 PM 5:04

FILED

B. BOSTICK

SEP 26 2011

EXAMINER

## COVER LETTER

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

SUBJECT: Eden Counseling & 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:

Rebecca Bussman

Name of Person

Eden Counseling & Wellness, LLC

Firm/Company

PO Box 791

Address

Niceville, FL 32588

City/State and Zip Code

edencounseling@gmail.com

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

For further information concerning this matter, please call:

Rebecca Bussman

Name of Person

at ( 850 ) 368-7265

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

11 AUG 31 PM 5:06  
RECEIVED  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Eden 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:**

48 Kelly Way  
Valparaiso, FL 32580

**Mailing Address:**

48 Kelly Way  
Valparaiso, FL 32580

**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:

Rebecca Bussman

Name

48 Kelly Way

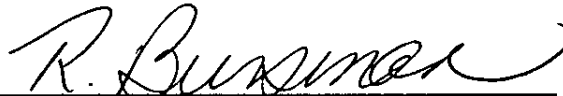
Florida street address (P.O. Box **NOT** acceptable)

Valparaiso FL 32580

City, State, and Zip

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11 AUG 31 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Owner / Operator

Rebecca Bussman

48 Kelly Way

Valparaiso, FL 32580

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

11 AUG 31 PM 5:04  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE V:** Effective date, if other than the date of filing: 08/29/11. (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:**



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.)

Rebecca Bussman

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2011

REBECCA BUSSMAN  
POST OFFICE BOX 791  
NICEVILLE, FL 32588

SUBJECT: EDEN COUNSELING & WELLNESS, LLC  
Ref. Number: W11000045448

We have received your document for EDEN COUNSELING & WELLNESS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 911A00020447



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2011

REBECCA BUSSMAN  
48 KELLY WAY  
VALPARAISO, FL 32580

SUBJECT: EDEN COUNSELING & WELLNESS, LLC  
Ref. Number: W11000045448

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 511A00021334