

L11000117250

(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:

A. LUNT

OCT 13 2011

EXAM

Office Use Only



100212283081

10/11/11--01008--010 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 11 PM 1:45

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RELATIONAL COUNSELING SERVICES, 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:

JASON NEELY
Name of

Name of Person

4608 NW 41ST PLACE

Firm/Company

Address

GAINESVILLE, FL. 32606-4511

City/State and Zip Code

JASONKNEELY@GMAIL.COM

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

For further information concerning this matter, please call:

NATE NEELY
Name of Person

Name of Person

at (678) 793-7611
Area Code & Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 OCT 11 PM 7:16

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RELATIONAL COUNSELING 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:

Principal Office Address:

Mailing Address:

4608 NW 41ST PLACE
GAINESVILLE, FL 32606-4511

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:

JASON NEELY
Name

4608 NW 41ST PLACE

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

GAINESVILLE FL 32606-4511

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 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)

FILED

2011 OCT 11 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

JASON NEELY
4608 NW 41ST PL.
GAINESVILLE, FL. 32606-4511


(Use attachment if necessary)

2011 OCT 11 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL: If an effective date is listed, the date must be specific and cannot be more than five business days 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.)

JASON NEELY

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**