

L1200054703

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000106633 3)))



H120001066333ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jstilson824@gmail.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 23 AM 11:16

RECEIVED

12 APR 23 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
New Leaf Counseling LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

B. KOHR

Electronic Filing Menu
APR 24 2012

Corporate Filing Menu

Help

EXAMINER

FAX AUDIT # H12000106633 3

P.02/03
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 23 AM 11:16

**ARTICLES OF ORGANIZATION
OF
New Leaf Counseling LLC**

ARTICLE I NAME

The name of the limited liability company shall be: New Leaf Counseling LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
7603 Cortez Ct, Tampa, Florida 33615.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:
Johnna Stilson, 7603 Cortez Ct, Tampa, Florida 33615


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

Date: April 20, 2012

FAX AUDIT # H12000106633 3

FAX AUDIT # H12000106633 3

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: New Leaf Counseling LLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: April 20, 2012

FAX AUDIT # H12000106633 3