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TALL AHASSEF FLORINA

J. BRYAN

MAY 1 5 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENVISION 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:

Ginger Talerico	<u> </u>
	Name of Person Firm/Company Address
	Firm/Company On 25
11863 Hollyhock Drive	
1 1000 Hollyhock Drive	Address
Bradenton, FL 34202	
Cit	ty/State and Zip Code
gtalerico@tampabay.rr.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Ginger Talerico	at (941) 228-5144
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{Status}\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

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

Registration Section
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:

ENVISION 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 is:

AND THE STATE OF T

Principal Office Address:	Mailing Address:	
11863 Hollyhock Drive	11863 Hollyhock Drive	
Bradenton, FL 34202	Bradenton, FL 34202	_
		_

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

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:

Ginger Taleric	CO
	Name
11863 Hol	lyhock Drive
Flo	rida street address (P.O. Box NOT acceptable)
Bradenton	_{EL} 34202
	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)

Title:	Name and Address:
"MGR" = Manager	The state of the s
"MGRM" = Managing Member	200 m
MGR	Managing Member(s): Ianager or Managing Member is as follows: Name and Address: Ginger Talerico 11863 Hollyhock Drive
	Ginger Talerico 11863 Hollyhock Drive
	Bradenton, FL 34202
MGR	Kylee Tuls
· · · · · · · · · · · · · · · · · · ·	2685 Tulsa Avenue
	North Port, FL 34286
(Use attachment if necessary)	n the data of filing:
LE V: Effective date, if other tha fective date is listed, the date mudays after the date of filing.)	n the date of filing: (OPTION st be specific and cannot be more than five business d
LE V: Effective date, if other tha fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other that fective date is listed, the date middle days after the date of filing.) REQUIRED SIGNATURE: Signature of a middle disconstitutes an affirmation I am aware that any false	est be specific and cannot be more than five business d
LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	mber or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that fective date is listed, the date mut days after the date of filing.) REQUIRED SIGNATURE: Signature of a mut of the date of filing accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	mber or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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