120008501

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

Office Use Only

G. MCLEOD

JUN 18 2012

EXAMINER



500236227515

06/15/12--01004--004 **125.00

12 JUN 15 PM 4: 00

STORETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

TO:

Registration Section

Division of	Corporations	
SUBJECT: B.E	.A.C.H. Counseling	, LLC
		ed Liability Company
The enclosed Article	es of Organization and fee(s) are s	submitted for filing.
Please return all corr	respondence concerning this matte	er to the following:
Jennife	r J. Hume	
		Name of Person
		Firm/Company
0000 B		Firm/Company
6623 B	reezeloch Court	Address
<u>Jupiter, F</u>	FL 33458	
lonnifor L	City lume@aol.com	/State and Zip Code
Jenniern	E-mail address: (to be used for	or future annual report notification)
For further informati	on concerning this matter, please	call:
Jennifer J. Hui	me ·	at (404) 403-7559
Na	me of Person	at (404) 403-7559 Area Code & Daytime Telephone Number
Enclosed is a check	c for the following amount:	
\$125.00 Fifing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company i	is:	
B.E.A.C.H. Cou	nseling, LLC		
(Must end w	vith the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and		principal office of the Limited Li	iability Company is:
Principal Office Addres	<u>ss:</u>	Mailing Address:	
6623 Breezeloch CT Jupiter, FL 33458		6623 Breezeloch CT Jupiter, FL 33458	
	cannot serve as its own Rep	red Office, & Registered Agent's gistered Agent. You must designate an indiv	
The name and the Florida	a street address of the	e registered agent are:	2s 5
Jeni	nifer J. Hume		12 JUN 15
	Nan	ne	75× -
662	3 Breezeloc	h CT	Lu.~<
	Florida street	address (P.O. Box NOT acceptable)	OF SI
Jupit	er	_{FL} 33458	RE O
 -	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)

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

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

"MGRM" = Managing Member MGR	Jemifer J. Hune
	Jupiter, FL 33458
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must ledges after the date of filing.)	e date of filing: (OPTION oe specific and cannot be more than five business date

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.)

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)