

#L12000094761

(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:

CORRECTION TO NAME PER
CONVERSATION WITH MONICA YOUNG
7-23-2012 KS

Office Use Only



100237389651

EFFECTIVE DATE
8-1-2012

07/16/12--01024--002 **125.00

FILED
12 JUL 23 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 23 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2012

MONICA YOUNG
154 TUSKAWILLA RD. #320
WINTER SPRINGS, FL 32708

SUBJECT: H.O.P.E'S (HAVING OPPORTUNITIES FOR PEOPLE TO EXCEL)
CORNER COUNSELING, LLC
Ref. Number: W12000037694

We have received your document for H.O.P.E'S (HAVING OPPORTUNITIES FOR PEOPLE TO EXCEL) CORNER COUNSELING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 812A00018935

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H.O.P.E's (Having Opportunities for People to Excel) Corner Counseling
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:

Monica Young

Name of Person

Firm/Company

154 Tuskawilla RD #320

Address

Winter Springs, FL 32708

City/State and Zip Code

monicay96@yahoo.com

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

For further information concerning this matter, please call:

Monica Young

Name of Person

at (407) 616-6381

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
8-1-2012

H.O.P.E's ~~(Having Opportunities for People to Excel)~~ Corner Counseling, 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:

154 Tuskawilla RD #320
Winter Springs, FL 32708

Mailing Address:

154 Tuskawilla RD #320
Winter Springs, FL 32708

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:

Monica Young

Name

154 Tuskawilla RD, #320

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

Winter Springs FL 32708

City, State, and Zip

FILED
12 JUL 23 AM 11:51
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:

MGR

Monica Young

154 Tuskawilla RD #320

Winter Springs, FL 32708

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/01/2012. (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.)

Monica Young

Typed or printed name of signer

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)