

Jul 27 12 11:21a

Superbiz

1 2422

L12000097744

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.

((H120001919143)))



H120001919143ABC

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

JUL 30 2012
L. SELLERS

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Olive Branch Counseling, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
12 JUL 27 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 JUL 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12000191914 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 508, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

OLIVE BRANCH COUNSELING, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

525 NW LAKE WHITNEY PLACE #104
PORT ST LUCIE, FLORIDA 34986

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

CHERYL WOOD
7850 15TH LANE
VERO BEACH, FLORIDA 32956

Having been named as registered agent 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 508, F.S.

x 
CHERYL WOOD, Registered Agent's signature

H12000191914 3

H12000191914 3

PAGE 2 OLIVE BRANCH COUNSELING, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

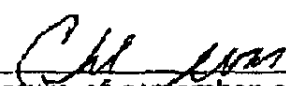
MANAGING MEMBER

CHERYL WOOD

525 NW LAKE WHITNEY PLACE #104

PORT ST LUCIE, FLORIDA 34986

.....

x 

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.

CHERYL WOOD

FILED
12 JUL 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H12000191914 3