

L140000611438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

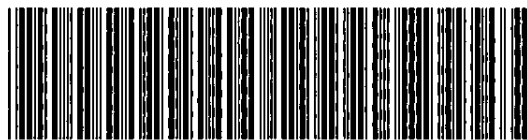
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/17/14--01013--016 **155.00

Effective Date

1/20/14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 17 AM 11:34

1/22

(Signature)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Christian Counseling Services

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:

Gary C. Sawyer

Name of Person

Trinity Christian Counseling Services

Firm/Company

1606 West Swilley Road

Address

Plant City, Florida 33567

City/State and Zip Code

gary.sawyer14@gmail.com

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

For further information concerning this matter, please call:

Gary C. Sawyer

Name of Person

813

Area Code

917-1818

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

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Effective Date

1/20/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trinity Christian 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:

Principal Office Address:

Mailing Address:

Trinity Christian Counseling Services
5110 South Florida Avenue, suite 114
Lakeland, Florida 33813

Trinity Christian Counseling Services
1606 West Swilley Rd.
Plant City, FL 33567

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:

Gary C. Sawyer

Name

1606 West Swilley Road

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

Plant City


FL

33567

City

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Gary C. Sawyer

1606 West Swilley Road

Plant City, FL 33567

MGR

Gary C. Sawyer

1606 West Swilley Road

Plant City, FL 33567

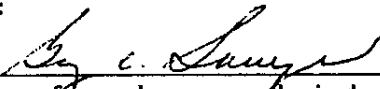
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Gary C. Sawyer

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)