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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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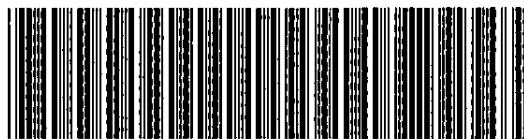
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JAN 14 PM 2:04  
STATE OF ARIZONA  
TALLAHASSEE

FEB 10 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2014

MARCI SHEMARIA  
1318 DUNMIRE ST, STE 3  
PENSACOLA, FL 32504

SUBJECT: ADULT, CHILDREN & FAMILY COUNSELING, LLC  
Ref. Number: W14000003538

We have received your document for ADULT, CHILDREN & FAMILY COUNSELING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 14, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 014A00001208

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Adult, Children & Family Counseling, 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:

Marci B. Shemaria  
Name of Person

Adult, Children & Family Counseling  
Firm/Company

1318 Dunmire St, Ste #3  
Address

Pensacola, FL 32504  
City/State and Zip Code

mshemaria@nhc@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marci Shemaria at (850) 485-8707 cell  
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adult, Children & Family 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:

Mailing Address:

1318 Dunmire St, Ste 3  
PENSACOLA, FL 32504

1318 Dunmire St, Ste 3  
PENSACOLA, FL 32504

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:

Marci B. Shemaria  
Name

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

Pensacola FL 32514  
City Zip

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SECRETARY OF STATE  
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 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Marci B Skemaria  
10 Rockwood Rd  
Pensacola, FL 32514

Alan Skemaria  
10 Rockwood Rd  
Pensacola, FL 32514

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/9/14 (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:**

Marci B Skemaria  
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.)

Marci B Skemaria  
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)

2014 JAN 14 PM 04:04  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA