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SECRETARY OF STATE
TALLAHASSEE, FI ORIO.

T. Buren FEB 2 5, 2014



COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: Resolution Counseling Services Name of L	i, LLC .imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Amanda Stickney	
	Name of Person
Resolution Counseling Services	IIC
	Firm/Company
901 34TH AVENUE NORTH,#	[#] 7316
<u> </u>	Address
Saint Petersburg, FL 33734	
	City/State and Zip Code
stickneymhc@gmail.com	sed for future annual report notification)
	• ,
For further information concerning this matter, pl	ease call:
Amanda Stickney at (Name of Person	Area Code Daytime Telephone Number
Name of Leson	Area Code Daytine Telephone Number
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□\$155.00 Filing Fee & □\$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is choiced)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Resolution Counselling Services, LCC (Must end with the words "Limi	ited Liability Co	mnany "L.I.C." or	·"IIC")	
ARTICLE II - Address: The mailing address and street address of the principal	•		,	
Principal Office Address:	Mailing	Address:		
901 34TH AVENUE NORTH, #7316	901 34	TH AVENUE NO	DRTH, #7316	
Saint Petersburg, FL33734	Saint Pr	etersburg, EL3373	4	
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its of another business entity with an active Florida registration.) The name and the Florida street address of the register. Amanda Stickney Na 901 34TH AVENUE NO Florida street address (P.O. 1)	own Registered Antion.) ered agent are: ame ORTH, #7316	Agent. You must des		
Saint Petersburg,	FL	33734	Ð	
City		Zip		
Having been named as registered agent and to accept he place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Registered Agent's Signature.	ccept the appoint ons of all statute e obligations of thapter 605, F.S.	ment as registered ag s relating to the prop ny position as registe	gent and agree to act in t er and complete perform	his ance
(CONTI	NUED)			

Page 1 of 2

<u> Fitle:</u>	Name and Address:	
AMBR" = Authorized M MGR" = Manager	ember	
MGK" = Manager Manager emp (ATS)	Amanda Stickney	
	901.34TH AVENUE NORTH	I #70.17
AMBR	Saint Petersburg, FL 33.73.4	1,#/3.10
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V: Effective date, if other tive date is listed, the date	1 1	(OPTIONAL) days prior to or 9
Use attachment if necessary V: Effective date, if other tive date is listed, the date filing.) VI: Other provisions, if a	r than the date of filing: O3/18/14 te must be specific and cannot be more than five business	
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V: Effective date, if other tive date is listed, the date is listed in the date in the date is listed in the date	te must be specific and cannot be more than five business ny. Me: Autre of a member or an authorized representative of a with section 605.0203 (1) (b), Elorida Statutes, the execution firmation under the penalties of perjury that the facts stated	member. of this document herein are true.
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