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T. Buren MAY 112

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lotus Counseling Services, LCC 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:
Linda Dorremocea, LCSW Namé of Person
Lotus Counseling Services, LLC Erm/Company
3825 Henderson Blud, Ste 405
Tampa, FL 33629 City/State and Zip Code LINDA - DORREMOCEA-LCSW @ gmail · com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Linda Darremocea at (813) 541-3229 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 CStreet/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 C661 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:

Lotus Counseling Se (Must end with the words "Limi	ervices, LC
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3825 Heuderson Blud.	3825 Henderson BIVE
Tampa, FC 33629	5+e1, 405
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	3825 Hender Son Blude Ster. 405 Tampa i F2 33629 ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.)
The name and the Florida street address of the registe	red agent are:
Liada Dori	remocea
114	inc
3825 Hend	erson Blud., ste .405
Florida street address (P.O. I	Box NOT acceptable)
Tampa F	<u>L FL 33629</u> Zio
City	Zip
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	t service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in chapter 605, F.S.
Linda De	nouocoa
Registered Agent's Si	gnature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	•
MGR	Linda Dorremocea
	3625 Henderson Bire Ster. 405 Tampa, FL 33629
	3665 Henderson Blue
	- Stolling
	73/29
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