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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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J. Shivers JAN 1 3 2015

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Optimum Counselor Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Eric Wettstein	Name of Person
·	
Optimum Counselor, LLC	
	Firm/Company
480 Winding Creek Place	
	Address
Language 51 00770	·
<u>Longwood, FL 32779</u> Ci	ty/State and Zip Code
ewettpt2@yahoo.com	
	for future annual report notification)
For further information concerning this matter, please	se call:
Eric Wettstein at (_4	07) 733-3317
Name of Person	Area Code Daytime Telephone Number
Professional December 1	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{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	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
P.O. BOX 0327	2661 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:		
Optimum Counselor, LLC (Must end with the words "Li	mited Liability Company, "L.L.C.," or "LI	LC.")
ARTICLE II - Address:		
The mailing address and street address of the princi	ipal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
452 Osceola St. Suite 105 Altamonte Springs, FL 32779	480 Winding Creek Place Longwood, FL 32779	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regis. Eric Wettstein	s own Registered Agent. You must designa stration.) stered agent are:	ite an individual or
,	Name	
480 Winding Creek Plac Florida street address (P.C		
Longwood	FL 32779	
City	Zip	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept t	accept the appointment as registered agent isions of all statutes relating to the proper a	and agree to act in this nd complete performance
E WIT	Signature (REQUIRED)	74 SE
(CON	TINUED)	DEC 30 F ORETARY OR AHASSEE
rag	pe 1 of 2	

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGR	Eric Wettstein
	480 Winding Creek Place
	Longwood, FL 32779
····	
EV: Effective date, if other than the dat ctive date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be so filling.) EVI: Other provisions, if any.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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