

L15000006715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

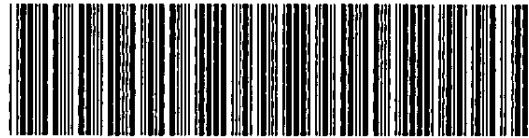
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. JAN 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sacred Stories in the Sand Counseling and Therapy
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Cassandra D. Sams
(Contact Person)

Sacred Stories in the Sand Counseling and Therapy
(Firm/Company)

2008 Courtyard Loop #204
(Address)

Sanford, Fla. FL. 32771-7444
(City, State and Zip Code)

csams1108@yahoo.com
E-mail Address: (to be used for future annual report notifications)

Physical Address
3599 W. Lake Mary
Blvd. Ste B
Lake Mary, FL.
32746-3417

For further information concerning this matter, please call:

Cassandra D. Sams at (407) 443-3371
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input checked="" type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|--|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sacred Stories in the Sand Counseling and Therapy, 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:

Sacred Stories in the Sand
3599 W. Lake Mary Blvd. Ste B
Lake Mary, FL 32746-3417

Cassandra D. Sams
2008 Courtyard Loop #204
Sanford, FL 32771-7444

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:

Cassandra D. Sams
Name

2008 Courtyard Loop #204
Florida street address (P.O. Box **NOT** acceptable)

Sanford FL 32771-7444
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.

Cassandra D. Sams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

AmBR

AmBR

Name and Address:

Cassandra D. Sams
2008 Courtyard Loop
Sanford, FL 32771

Jamie Barrett
706 Santa Cruz Lane
Howey in the Hills, FL 34737

Jacqueline Williams
3599 W. Lake Mary Blvd. Ste. B
Lake Mary, FL 32946

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan. 1, 2015 (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:

Cassandra D. Sams

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.)

Cassandra D. Sams

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)

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TALLAHASSEE, FLORIDA