Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000265193 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number: 073222003555 Phone : (561)686~3307 Fax Number : (561)471-0894

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. The Counseling Center Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130,00

Electronic Filing Menu

Corporate Filing Menu

Help

p. 1

ARTICLES OF ORGANIZATION

OF

THE COUNSELING CENTER GROUP, LLC

The undersigned, desiring to form a Florida limited liability company under the Florida Revised Limited Liability Company Act, being Chapter 605, Florida Statutes, does hereby make and file these Articles of Organization.

ARTICLE 1

NAME

The name of this limited liability company (Company) is:

THE COUNSELING CENTER GROUP, LLC

ARTICLE II

ADDRESS

The mailing address and street address of the Company's principal office are:

2328 10th Avenue. North, Suite 302 Lake Worth, FL 33461 15 HOY -S PH I: 54

ARTICLE III

REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent are:

John White II, Esq.
Nason, Yeager, Gerson, White & Lioce, P.A.
1645 Palm Beach Lakes Boulevard, Suite 1200,
West Palm Beach, Florida 33401

Having been named as registered agent and to accept service of process for the 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 in Chapter 605, Florida Statutes.

John White II

ARTICLE IV

MANAGEMENT

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

<u>Title</u>

Name

<u>Address</u>

Manager

Timothy Doran

2328 10th Avenue. North, Suite 302

Lake Worth, FL 33461

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization on the date hereinafter set forth.

John Wille II

Authorized Representative

November <u>5</u>, 2015

(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 Section 817.155, Florida Statutes.)

\\fs1\docs\07934\07934-22910\365079.docx/rlc