

L15000201925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

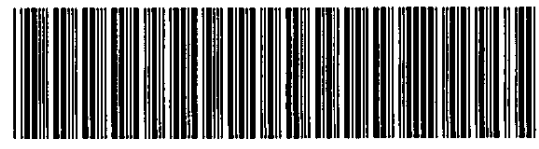
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/25/15 --01010--006 **125.00

EFFECTIVE DATE
11-18-15

2015 NOV 25 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DEC - 8 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anew Journey Counseling Services, LLC
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:

Virginia Walls
Name of Person

Firm/Company

4300 Bayou Blvd, Suite 21
Address

Pensacola, FL 32503
City/State and Zip Code

VirginiaLMHC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VirginiaWalls at (850) 462-3899
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
2015 NOV 25 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anew Journey Counseling Services, 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:

| | | |
|----------------------------------|-------------------------|-----------------------|
| <u>Principal Office Address:</u> | <u>Mailing Address:</u> | <u>EFFECTIVE DATE</u> |
| <u>4300 Bayou Blvd, Ste 21</u> | <u>"Same"</u> | <u>11-18-15</u> |
| <u>Pensacola, FL 32503</u> | <u></u> | <u></u> |
| <u></u> | <u></u> | <u></u> |

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.)

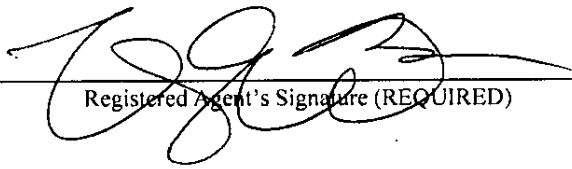
The name and the Florida street address of the registered agent are:

Virginia Walls
Name

4300 Bayou Blvd, Ste 21
Florida street address (P.O. Box **NOT** acceptable)

Pensacola FL 32503
City State 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

