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SECRETARY OF STATE

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T. BROWN

## **COVER LETTER**

	tion Section	1	
Division	of Corporations		
SUBJECT:	Gulf Coast The	erapy and Couns	seling, L.L.C.
The enclosed Arti	cles of Organization and fee(s) a	re submitted for filing.	
Please return all c	orrespondence concerning this m	atter to the following:	
	Amelia P	. Kazakos Name of Person	
_6	sulf Coast Then	apy and Counsy	eling, LLC
	8323 Lyric	Dr. Address	
	Pensacola, FL	32514	
	ampokalolo	@ amail. com	
**************************************	E-mail address: (to be used	for future annual report notification	on)
For further informa	tion concerning this matter, pleas	e call:	
<u>Ame</u>	lia Kazakos at (	S50 313-171 Area Code Daytime Telephone	Number
Enclosed is a chec	ck for the following amount:		
\$125.90 Filing Fe	\$130.00 Filing Fec & 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 Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporatio	ne
	P.O. Box 6327	Clifton Building	113

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	$\mathbf{IC}$	LE	1 -	Na	me:

The name of the Limited Liability Company is:

Guff Coast Therapy and Counseling,
(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:** 

- Alasay Page Of

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:

Amelia P. Kazakos

Name

8323 Lyric Dr.

Florida street address (P.O. Box NOT acceptable)

Pensacola, FL. 32514
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.

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Amelia Kazakos
Ambe	8323 Way Dr.
	Pensacola, FL. 32514
	W
	· · · · · · · · · · · · · · · · · · ·
	****
•	filing: (OPTIONAL)
f filing.)	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 9  et the applicable statutory filing requirements, this date will n  State's records.
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