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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	•

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT:	Healing Spirit Counseling Center, LLC	
SUBJECT.	Name of Limited Liability Company	
The enclose	osed Articles of Organization and fee(s) are submitted for filing.	
Please retur	turn all correspondence concerning this matter to the following:	
	Kathleen Edwards	
	Name of Person	
	Healing Spirit Counseling Center, LC	
	Firm/Company	
	2200 Marsh Hawk Lane 305	
,	Address	
	Fleming Island, FL 32003	
k	City/State and Zip Code kathleenedwards305@gmail.com	
_	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
1	Kathleen Edwards 904 214-5109	
•	Name of Person Area Code Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
\$125.00 Fil		of Status & py
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	nseling Center, LLC		
(Must en	d with the words "Limited Lis	ability Company	v, "L.L.C.," or "LLC.")
RTICLE II - Address:			
ne mailing address and street	address of the principal offic	e of the Limited	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
AZOO LIG III alaanaa	17 C. L. 1	220/	
4609 US Highway) Marsh Hawk Lane 305
Fleming Island, FL RTICLE III - Registered A The Limited Liability Compa	32003 gent, Registered Office, & I	Registered Ager	ning Island, FL 32003
RTICLE III - Registered A The Limited Liability Compa- nother business entity with an	gent, Registered Office, & In cannot serve as its own Re	Flem Registered Ager gistered Agent.	ning Island, FL 32003
RTICLE III - Registered A The Limited Liability Compa- nother business entity with an	gent, Registered Office, & Iny cannot serve as its own Renactive Florida registration.)	Flem Registered Ager gistered Agent.	ning Island, FL 32003
RTICLE III - Registered A The Limited Liability Compa- nother business entity with an	gent, Registered Office, & Iny cannot serve as its own Renactive Florida registration.) at address of the registered ag Kathleen Edwards	Flem Registered Ager gistered Agent.	ning Island, FL 32003
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RTICLE III - Registered A The Limited Liability Compa- nother business entity with an	gent, Registered Office, & Iny cannot serve as its own Renactive Florida registration.) et address of the registered ag Kathleen Edwards N 2200 Marsh Hawk Lane	Registered Agent. Yent are: ame 305 305 305 NOT a	ning Island, FL 32003 nt's Signature: You must designate an individual or

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)

Page 1 of 2

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)	**Cathleen Edwards** **Cathleen Edwards**	Title:		Name and Address:	
(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		ed Member		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			2200 Marsh Hawk Lane 305	
(Use attachment if necessary) **EEV: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	Trainicen Lawards		Fleming Island, FL 32003	
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(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:				
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