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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

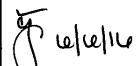
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Heather M. Fewox-Steen, LMHC, L	LC	
SUBJE		imited Liability Company	
The enc	losed Articles of Organization and fee(s) a	are submitted for filing.	
Please r	eturn all correspondence concerning this m	natter to the following:	
•	Heather Fewox-Steen		
		Name of Person	
	Heather M. Fewox-Steen, LMHC, LC	CC C	
		Firm/Company	
	4747 French St.		
		Address	
	Jacksonville, Fl. 32205		
	hfaway77@amail.com	City/State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For furth	er information concerning this matter, plea		
	Heather Fewox-Steen	904 434-2536	
		Area Code Daytime Telephone Number	
- Enclose	ed is a check for the following amount:		
\$125.0	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certificate of Certified Contact (additional contact	of Status &
	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	FILED 16 July -3 PM 2: 59



FILED 16 JUN -3 PM 2: 59

THE THE STATE

May 24, 2016

HEATHER FEWOX-STEEN 4747 FRENCH STREET JACKSONVILLE, FL 32205

SUBJECT: HEATHER M. FEWOX-STEEN, LMHC, LLC

Ref. Number: W16000037990

We have received your document for HEATHER M. FEWOX-STEEN, LMHC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 316A00010982

6 JUN-3 PM 2: 0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	-		-,-	-U FD
ARTICLE I - Name:	"". G			FILED
The name of the Limited Lial	offity Company is:			16 JUN -3 PM 2:59
•	(NES)			· · · · · · · · · · · · · · · · · · ·
	x-Steen, LMHC, LCC	اسل		<u> </u>
(Must e	nd with the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")	TALL THEY TESTATE
ARTICLE II - Address: The mailing address and stree	et address of the principal o	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Add	ress:
? 3955 Riverside Ave.		4747	French st.	
Jacksonville, FL.	32205	Jack	sonville, Fl. 32205	
				
The name and the Florida str	Heather Fewox-Stee	n Name		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	Jacksonville	ก.	32205	
(City	State	Zip	
Having been named as register place designated in this certific In further agree to comply with th am familiar with and accept th	rate, I hereby accept the app e provisions of all statutes r	ointment as register elating to the proper	ed agent and agree to act and complete performan	t in this capacity. I nce of my duties, and I
		(CONTINUED)		

Page 1 of 2

Title:		Name and Address:		
"AMBR" = Authorized N	Member	•		
"MGR" = Manager		•		
Manager		Heather Fewox-Steen		
		4747 French St.		
	•	Jacksonville, Fl. 32205		
	•	Emp.		
				
		<u> </u>		
	•			
			-12-1	
Use attachment if neces	sary)	•		
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