

L16000107800

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUN -3 PM 2:09

CLERK OF COURT

6/6/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heather M. Fewox-Steen, LMHC, 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:

Heather Fewox-Steen

Name of Person

Heather M. Fewox-Steen, LMHC, LCC

Firm/Company

4747 French St.

Address

Jacksonville, FL 32205

City/State and Zip Code

hfewox77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Fewox-Steen

904

434-2536

at ()

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

FILED
16 JUN -3 PM 2:59
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
16 JUN -3 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED
16 JUN -3 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Heather M. Fewox-Steen, LMHC, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 JUN -3 PM 2:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3965 Riverside Ave.

Jacksonville, FL. 32205

4747 French st.

Jacksonville, FL. 32205

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:

Heather Fewox-Steen

Name

4747 French st.

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

Jacksonville

FL

32205

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.

Heather Fewox-Steen
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Heather Fewox-Steen

4747 French St.

Jacksonville, FL 32205

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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 s.817.155, F.S.

Heather Fewox-Steen

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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JUN 3 2016
FLORIDA
DEPARTMENT OF STATE

16 JUN -3 PM 2:59

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