

L16000110320

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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W16-37930



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16 JUN -6 PM 12:50
TALLAHASSEE, FLORIDA

JUN 8 2016
S. GILBERT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rejuvenate Minds Counseling Center, 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:

Rachelle Jean-Louis, LMHC
Name of Person

Firm/Company

2868 NW 80th Ave
Address

Sunrise, FL. 33322
City/State and Zip Code

rachelle-j2003@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachelle Jean-Louis at (561) 350-5073
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2016

RACHELLE JEAN-LOUIS, LMHC
2868 NW 80TH AVENUE
SUNRISE, FL 33322

SUBJECT: REJUVENATE MINDS COUNSELING CENTER, LLC
Ref. Number: W16000037930

RECEIVED
16 JUN -6 PM 4: 20
REGULATORY DIVISION
TALLAHASSEE, FLORIDA

We have received your document for REJUVENATE MINDS COUNSELING CENTER, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 116A00010966

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rejuvenate Minds Counseling Center, 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:

Principal Office Address:

2868 NW 80th Ave
Sunrise, FL 33322

Mailing Address:

2868 NW 80th Ave
Sunrise, FL 33322

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RECEIVED
STATE OF FLORIDA

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:

Rachelle Jean-Louis, LMHC
Rejuvenate Minds Counseling Center, LLC
Name
2868 NW 80th Ave
Florida street address (P.O. Box **NOT** acceptable)
Sunrise, FL 33322
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..

[Signature] LMHC
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

AMBR

Name and Address:

Rachelle Jean-Louis, LMHC
2868 NW 80th Ave
Sunrise, FL 33322

(Use attachment if necessary)

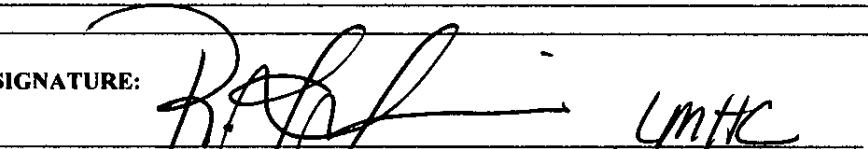
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.
Rachelle Jean-Louis
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)

\$ 5.00 Certificate of Status (Optional)