

L16000171757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

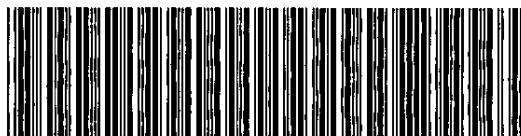
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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09/14/16--01004--002 \*\*150.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 14 PM 10:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2016

RENE DEL SOL  
2713 N SENECA DRIVE E.  
AVON PARK, FL 33825

SUBJECT: CHOICES COUNSELING SERVICES, LLC  
Ref. Number: W16000058932

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

It appears that there was no check or money order included with the document. In order for our office to file the document, we would need either a check or money order of \$125.00 dollars. Based on the document, you would also like to request a certified copy and a certificate of status, this would require an additional \$35.00 dollars. The total would be \$160.00 to file the document, this includes the filing fee and the 2 certifiactes.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 816A00018072

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 14 PM 10:00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHOICES COUNSELING SERVICES, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rene del Sol  
2713 N. Seneca Drive E.  
Avon Park, Florida 33825  
drdelsol@hotmail.com

For further information concerning this matter, please call:

**Rene del Sol, (863) 414-1615**

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, Florida 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 14 PM 10:00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – NAME:

The name of the Limited Liability Company is:

**CHOICES COUNSELING SERVICES, LLC**

## ARTICLE II – ADDRESS:

The Mailing Address and Street Address of the Principal Office of the Limited Liability Company is:

Principal Office Address  
2713 N. Seneca Drive E.  
Avon Park, Florida 33825

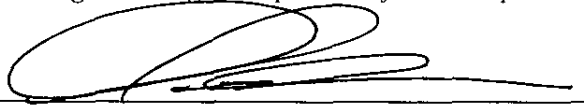
Mailing Address  
2713 N. Seneca Drive E.  
Avon Park, Florida 33825

## ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

The Name and the Florida Street Address of the Registered Agent are:

Alina del Sol  
2713 N. Seneca Drive E.  
Avon Park, Florida 33825

*Having been named as Registered Agent and to accept services 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**

(CONTINUED)

**ARTICLE IV**

The name and address of each person Authorized to Manage and Control the Limited Liability Company:

**Title:**  
Manager

**Name and Address**  
Rene del Sol  
2713 N. Seneca Drive E.  
Avon Park, Florida 33825

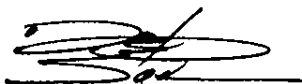
**ARTICLE V**

Effective Date, if other than the date of filing.

**ARTICLE VI**

Other provisions, if any.

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**Signature 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.*

Rene del Sol

\_\_\_\_\_  
(Typed or Printed Name of Signee)

**FILING FEES:**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**