

L16000211203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

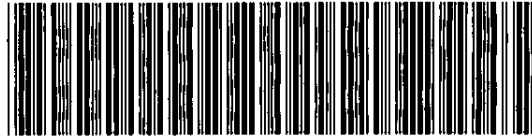
(Business Entity Name)

(Document Number)

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

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C. GOLDEN

NOV 21 2016

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GARDENS COUNSELING SERVICES,

LLC

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

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Signature \_\_\_\_\_

Requested by: SETH

11/15

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2016

CAPITAL CONNECTION, INC.

SUBJECT: GARDENS COUNSELING SERVICES, LLC  
Ref. Number: W16000077284

We have received your document for GARDENS COUNSELING SERVICES, 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):

Please correct the address for the authorized member.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 416A00024489

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16 NOV 16 AM 11:18

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16 NOV 16 AM 10:23

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16 NOV 16 AM 10:23

**ARTICLES OF ORGANIZATION**  
**FOR**  
**Gardens Counseling Services, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

**ARTICLE I: NAME**

The name of the company is **Gardens Counseling Services, LLC**

**ARTICLE II: PRINCIPAL OFFICE**

The principal office of the company is:

**3330 Fairchild Gardens Ave,  
Palm Beach Gardens, FL 33410**

### **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

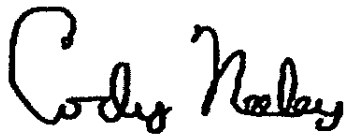
The name and address of the initial registered agent is: **Your Capital Connection, Inc.,  
417. E. Virginia St. Ste 1., Tallahassee, FL 32301.**

### **ARTICLE IV: AUTHORIZED MEMBER**

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

**Cody Neeley, Authorized Member,  
P.O. Box 33153  
Palm Beach Gardens FL 33420**

**The undersigned has executed these Articles of Organization for filing purposes this 14<sup>th</sup>  
day of November 2016.**



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**Cody Neeley Authorized Representative**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: Gardens Counseling Services, LLC

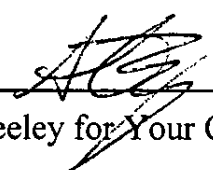
2. The name and address of the registered agent and office is:

Your Capital Connection, Inc.

417 E Virginia St. Ste 1.

Tallahassee FL, 32301

**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.**

  
\_\_\_\_\_  
Seth Neeley for Your Capital Connection, Inc.

**Signature of Registered Agent**

16 NOV 16 AM 10:23

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