

Division of Corporations

Page 1 of 2

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L170000213223

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000021322 3)))



H170000213223ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : BURKE AND BLUE, P.A.
 Account Number : 072100000111
 Phone : (850) 769-1414
 Fax Number : (850) 784-0857

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cford@burkeblue.com

**FLORIDA LIMITED LIABILITY CO.
 HOPE SPRINGS COUNSELING GROUP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 24 2017
 C Kinsey

H17000021322 3

**ARTICLES OF ORGANIZATION
OF
HOPE SPRINGS COUNSELING GROUP, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be HOPE SPRINGS COUNSELING GROUP, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be:

5137 Menawa Trail
Marianna, FL 32446

ARTICLE III - PURPOSE

The purpose for which the Company is formed is to provide counseling services through designated and licensed Florida counseling professionals and to exercise all other powers necessary to, or reasonably connected with such business, as well as to exercise all other rights and operate other business as authorized by Florida Law.

ARTICLE IV - DURATION

The Company shall commence its existence on the date these articles of organization are filed with the Secretary of State. The Company's existence shall

Edward A. Hutchison, Jr.
Florida Bar #0802833
BURKE BLAKE HUTCHISON WALTERS & SMITH, P.A.
P.O. Box 70
Panama City, Florida 32402
(904) 789-1414

FILED
17 JAN 23 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000021322 3

H17000021322 3

perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

NAME: Dr. Kristy M. Ford
ADDRESS: 5137 Menawa Trail
Marianna, FL 32446

ARTICLE VI - CAPITAL CONTRIBUTIONS

The member of the Company shall contribute to the capital of the company the cash or property set forth in the Operating Agreement.

ARTICLE VII - ADDITIONAL CAPITAL CONTRIBUTIONS

The member shall make additional capital contributions to the Company only upon the consent of the members.

ARTICLE VIII - ADMISSION OF NEW MEMBERS

No additional member shall be admitted to the Company except in accordance with the terms of the Operating Agreement of the Company.

ARTICLE IX - TERMINATION OF EXISTENCE

The Company shall be dissolved on the death, bankruptcy, insanity, retirement, resignation or expulsion of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the company is continued by the consent of any remaining members in the Company, provided there is at least one remaining member.

H17000021322 3

ARTICLE X - MANAGEMENT

The Company shall be managed exclusively by the Member Manager(s) of the Company, who shall be the Members in accordance with regulations adopted by the Members for the management of the business and affairs of the Company as set forth in this Operating Agreement. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the initial Members and Managers of the Company are:

NAME	ADDRESS	OFFICE
Dr. Kristy M. Ford	5137 Menawa Trail Marianna, Florida 32446	Member/Manager

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Panama City, Bay County, Florida, on this 23rd day of January, 2017.

Dr. Kristy M. Ford, LMHC
Dr. Kristy M. Ford

STATE OF FLORIDA
COUNTY OF Bay

The foregoing instrument was acknowledged before me this 23rd day of January, 2017, by DR. KRISTY M. FORD, who: (notary must check applicable box).

- ☒ is personally known to me.
☐ produced a current _____ driver's license as identification.
☐ produced _____ as identification.



Catherine M. Ford
Notary

(Print Name)

H17000021322 3

**EXHIBIT A TO ARTICLES OF ORGANIZATION
DESCRIPTION OF CAPITAL CONTRIBUTIONS**

<u>NAME</u>	<u>CONTRIBUTION</u>
Dr. Kristy M. Ford	\$1,000.00

Additional capital to be contributed pursuant to the Operating Agreement of the Company.

H17000021322 3

H17000021322 3

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of the members of HOPE SPRINGS COUNSELING GROUP, LLC, deposes and says:

1. The above named limited liability company has 1 member.
2. The total amount of cash contributed by the member is \$1,000.00.
3. The total amount of cash or property anticipated to be contributed by the member is \$1,000.00. This total includes amount from Exhibit "A" above.

THE AFFIANT SAYS NOTHING FURTHER.

This the 23rd day of January, 2017.

Dr. Kristy M. Ford, LMHC
DR. KRISTY M. FORD

STATE OF FLORIDA

COUNTY OF Bay

The foregoing instrument was acknowledged before me this 23rd day of January, 2017, by DR. KRISTY M. FORD, who: (notary must check applicable box).

- ☒ is personally known to me.
☐ produced a current _____ driver's license as identification.
☐ produced _____ as identification.



Catherine M. Ford
Notary

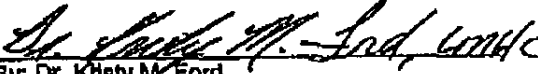
(Print Name)

H17000021322 3

H17000021322 3

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization HOPE SPRINGS COUNSELING GROUP, LLC, as registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the positions of registered agent.


By: Dr. Kristy M. Ford
Registered Agent
Address: 5137 Menawa Trail
Marianna, FL 32446

H17000021322 3