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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

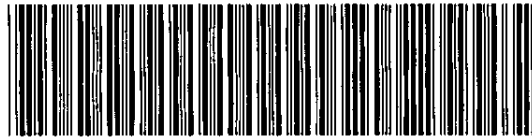
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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M. MOON  
JUN 02 2017

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>ABC Counseling, LLC</u>	FOR OFFICE USE ONLY

### PICK ONE:

☒ CERTIFIED COPY    ☐ PHOTOCOPY    ☐ C.U.S.

### FILING:

☐ CORPORATION    ☒ LLC    ☐ LIMITED PARTNERSHIP    ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME    ☐ SERVICE MARK/TRADEMARK    ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION    ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S.    ☐ CERTIFIED COPY    ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 6/2/17    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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STATE  
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RECORDS

**ARTICLES OF ORGANIZATION  
OF  
ABC COUNSELING, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is ABC Counseling, LLC ("Company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

2035 McKinley Ave.  
Melbourne, FL 32935

Mailing Address:

2035 McKinley Ave.  
Melbourne, FL 32935

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Christa Vermillera  
2035 McKinley Ave.  
Melbourne, Florida 32935

*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 608, F.S..*

  
\_\_\_\_\_  
Christa Vermillera

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company shall be managed by one (1) or more Managers and is, therefore, a manager-managed company.

The Manager(s) shall be elected annually in the manner prescribed in the Operating Agreement for this Limited Liability Company.

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ARTICLE V - MANAGERS

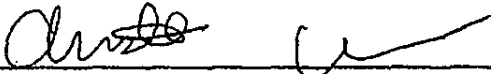
The name and address of the initial Manager and officers is as follows:

MGR/Member	Christa Vermillera 2035 McKinley Ave. Melbourne, Florida 32935
President/Secretary/Treasurer	Christa Vermillera 2035 McKinley Ave. Melbourne, Florida 32935

ARTICLE VI - EFFECTIVE DATE

These Articles of Organization shall be effective upon the date of filing.

IN WITNESS WHEREOF, the Member has affixed her signature this 2 day  
of June, 2017.

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christa Vermillera  
\_\_\_\_\_  
Typed or printed name of signer

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