

L18000180928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

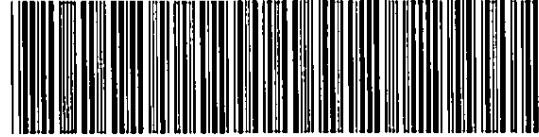
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL 27 AM 4:21

CLERK OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
JUL 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-11
2018 JUL 27 AM 11:50
REGISTRATION
GENERAL
INFORMATION SERVICES

June 27, 2018

BLESSING PEREIRA
430 BRADDOCK AVE
DAYTONA BEACH, FL 32118

SUBJECT: PEREIRA COUNSELING, PLLC
Ref. Number: W18000059457

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 218A00013344

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PEREIRA COUNSELING, PLLC

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:

BLESSING PEREIRA

Name of Person

Firm/Company

430 BRADDOCK AVENUE

Address

DAYTONA BEACH, FL 32118

City/State and Zip Code

BLESSINGTASKER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLESSING PEREIRA 678 520-5697

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PEREIRA COUNSELING SOLUTIONS, PLLC

(Must contain 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:

Mailing Address:

430 BRADDOCK AVE
DAYTONA BEACH, FL 32118

430 BRADDOCK AVE
DAYTONA BEACH, FL 32118

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:

BLESSING PEREIRA
Name

430 BRADDOCK AVENUE
Florida street address (P.O. Box **NOT** acceptable)

DAYTONA BEACH FL 32118
City State Zip

STATE OF FLORIDA
COUNTY OF DADE
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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..

Blessing Pereira
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
MGR

Name and Address:

BLESSING PEREIRA
430 BRADDOCK AVENUE
DAYTONA BEACH, FL 32118

STATE OF FLORIDA
TALLAHASSEE, FL 32304

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(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.

I AM A LICENSED MENTAL HEALTH COUNSELOR IN PRIVATE PRACTICE, WHO WORKS UNDER
CONTRACTS FOR NOT-FOR-PROFIT AGENCIES

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.

BLESSING PEREIRA

Typed or printed name of signer

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)