

L19000122823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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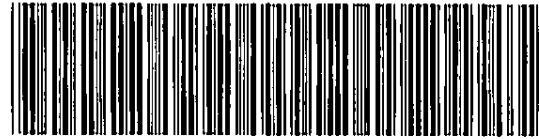
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NCLL

NATIONAL CENTER FOR LIFE AND LIBERTY

PO Box 5076
Largo, Florida
33779

888.233.NCLL (6255)
info@NCLL.org
www.NCLL.org

April 30, 2019

Department of State Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Deep Water Counseling

Dear Sir/Madam:

Enclosed please find an originally signed Limited Liability Company and a copy, which we are submitting on behalf of, Deep Water Counseling, and a check in the amount of \$125.00 made payable to the Secretary of State to cover the cost of filing, the cost of obtaining a certified copy of the filing, and for obtaining a certificate.

Kindly direct any correspondence concerning this filing to my attention at the address listed above. Thank you in advance for your attention to this matter. Should you have any questions, please do not hesitate to contact me, via the phone number listed above or by email at mgriffin@ncll.org.

Very truly yours,

National Center for Life and Liberty

Melissa Griffin

Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

For

Deep Water Counseling, LLC

Pursuant to s.605.0201, Florida Statutes

ARTICLE I

Name: The name of the Limited Liability Company is:

Deep Water Counseling, LLC

ARTICLE II

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


3753 Dover Dr
Sarasota, Florida 34235

ARTICLE III

Registered Agent: The name, address, and signature of the Registered Agent is:

Helen Roberts
3753 Dover Dr
Sarasota, Florida 34235

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..


Registered Agent Signature—Helen Roberts

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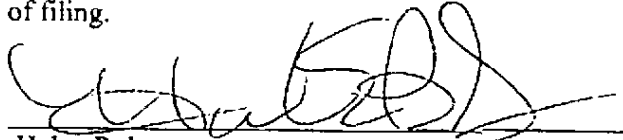
ARTICLE IV

Manager. The name and address the person authorized to manage and control the Limited Liability Company:

Helen Roberts
3753 Dover Dr
Sarasota, Florida 34235

ARTICLE V

Effective Date: The effective date of the Limited Liability Company shall be the date of filing.


Helen Roberts

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.


Helen Roberts

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19 MAY -8 AM 12:12
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TALLAHASSEE, FLORIDA