

L19000226541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

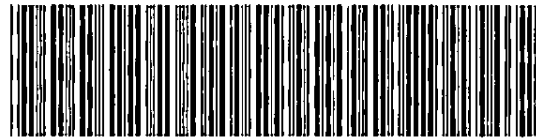
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000332901490

08/09/19--01012--006 **85.00

2019 SEP 10 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

SEP 17 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2019

CHARESE TAYLOR
3114 NE 7TH AVENUE
CAPE CORAL, FL 33909

SUBJECT: ORDER MY STEPS COUNSELING SERVICES, LLC
Ref. Number: W19000076764

We have received your document for ORDER MY STEPS COUNSELING SERVICES, LLC and check(s) totaling \$85.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$40.00. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 419A00017058

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Order My Steps Counseling Services, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charrese Taylor
Name of Person

Order My Steps Counseling Services, LLC
Firm/Company

3114 NE 7th Avenue
Address

Cape Coral FL 33909
City/State and Zip Code

Ordermysteps counseling@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charrese Taylor at (507) 224-2082
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:

Order My Steps Counseling Services, LLC
(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:

3114 NE 7th Avenue
Cape Coral, FL
33909

Mailing Address:

3114 NE 7th Avenue
Cape Coral, FL
33909

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:

Charese Taylor, LME-T
Name
3114 NE 7th Avenue
Florida street address (P.O. Box **NOT** acceptable)
Cape Coral, FL 33909
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FL

2018 SEP 16 AM 10:33

FILED

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.

[Signature]
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

Name and Address:

Authorized Member:

Manager:

Owner:

Christine Taylor
3114 NE 4th Avenue
Cape Coral, FL 33909

Christine Taylor
3114 NE 4th Avenue
Cape Coral, FL 33909

Christine Taylor
3114 NE 4th Avenue
Cape Coral, FL 33909

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6.24.2019 (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.

REQUIRED SIGNATURE:

Christine Taylor, MGR
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

Christine Taylor, MGR
Typed or printed name of signee

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)

2019 SEP 10 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED