

L20000082380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

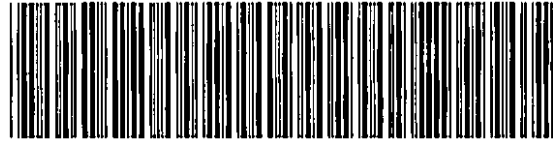
(Business Entity Name)

(Document Number)

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FILED
2020 MAR 13 PM 2:34
TALLAHASSEE, FLORIDA

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MAR 13 2020

K. Brumbley

COVER LETTER

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

SUBJECT: Personal Growth Behavioral Health, LLC

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:

Michael White

Name of Person

Personal Growth Behavioral Health, LLC

Firm/Company

408 West Renfro Street, Suite 107C

Address

Plant City, FL 33563

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael White

813

965-7294

at (_____) _____

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

Personal Growth Behavioral Health Inc.

Michael White
408 West Renfro Street, Suite 107C
Plant City, FL 33563

New Filing Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Ref. Number: P00000037441

Personal Growth Behavioral Health Inc.


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TALLAHASSEE, FL

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, Personal Growth Behavioral Health Inc., therefore releasing the name for use to another entity. Please note that the principal owner of Personal Growth Behavioral Health Inc, wishes to apply for an LLC using the same name.

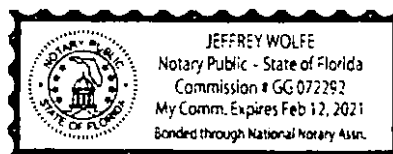
If you require any further information in order to process this request, please contact my accountant, Gary Chadee at 115 N Pinewood Ave, Brandon, FL. He can be reached at (813) 684-1367.

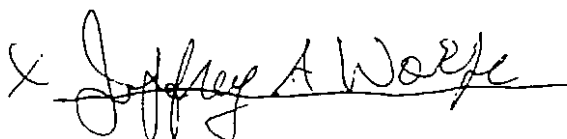
Sincerely,

 04/18/2019

Michael White

President



X 

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Personal Growth Behavioral Health, 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:

408 West Renfro Street, Suite 107C
Plant City, FL 33563

Mailing Address:

408 West Renfro Street, Suite 107C
Plant City, FL 33563

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:

Michael White

Name

408 West Renfro Street, Suite 107C

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

Plant City

FL

33563

City

State

Zip

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's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael White

408 West Renfro Street, Suite 107C

Plant City, FL 33563

(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.


Any and all lawful purpose.

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.



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)