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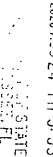
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	

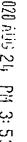
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COVER LETTER

	lew Filing Sect Division of Cor						
CHID IE/	_	eling Services, LLC					
SUBJEC	I •	Name of Limi	ited Liabil	ity Company	<u> </u>		
The enclo	sed Articles of	Organization and fee(s) are	submittee	for filing.			
Please reti	um all согтеѕро	ndence concerning this mat	ter to the	following:			
	Katharine N.	Snyder, LCSW					
			Name of	Person			
	KNS Counse	ling Services, LLC					
			Firm/Co	ompany			
	PO Box 765						
			Add	ress			
	Georgetown,	DE 19947					
	knscounseling	Ci services@live.com	ty/State au	nd Zip Code			
	E	-mail address: (to be used	for future	annual report notification	on)		
For further	information co	ncerning this matter, please	call:				
	Katharine N S	Snyder, LCSW 302	2	381-7283			
	Name		ea Code	Daytime Telephone		-	
Enclosed	is a check for th	ne following amount:					
□\$125.0	0 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate Certified (copy is enclosed)	¢:"
	New Fi Divisio P.O. B	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et, Suite 810	AUG 24 PH 3: 53	

SETICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Must conati	UISELIVA n the words "Limited	Serv Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE is	lress of the principal (office of the Lin	nited Liability Company is:
Principal	Office Address:		Mailing Address:
609 Old B Cape Cora		ERUN.	PO Box 765 Georgetown, DE 19947
ARTICLE III - Registered Agen and Lamited Lability Company c another business entity with an ac	annot serve as its own	n Registered Ag	Agent's Signature: ent. You must designate an individual or
rne name and the morida street ac	iaress of the registere	o ageni are:	
	Corporation Service	: Company	
		ivanic	
	1201 Hays Street		
	riorida sireei addre	ss (r.O. nox <u>m</u>	и ассеріаліе)
	Tallahassee	FL.	32301
	City	State	Cib

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place aesignated in this cerujicate, i nereby 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 attress affair am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 AUG 24 PH 3: 53

ARTICLE IV-

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

We attachment if necessary) Use attachment if necessary) EV: Effective date, if other than the date of filing: Live attachment if necessary) EV: Effective date, if other than the date of filing: Live attachment if necessary) EV: Effective date, if other than the date of filing: Live date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not sent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member of 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. Katharine N. Snvder, LCSW Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$530.00 Certificate of Status (Optional)	se attachment if necessary) V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: V: Effective date, if other than the date of filing: V: Other provisions, if any. Signature of a member of an authorized representative of a member. This document is executed in ackardance 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. Katharine N. Snvder, LCSW Typed or printed name of signec Filing Fees: S125,00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30,00 Certified Copy (Optional)	"AMBR" = Authorized Member	
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