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COVER LETTER

	ivision of Corpora	tions			
SUBJECT	Relief Counselir	g LLC			
, observed		Name of I	imited Liabili	ty Company	
The enclos	sed Articles of Orga	nization and fee(s)	are submitted	for filing.	
Please retu	ırn all corresponden	ce concerning this	matter to the fe	ollowing:	
	Gillian Haggerty				
			Name of	Person	
	Relief Counseling	LLC			
1		-	Firm/Co	npany	
	1320 SW 26TH A	VE			
			Addre	ess	
	BOYNTON BEA	CH, FL 33426			
	reliefcounseling@c	utlook com	City/State and	l Zip Code	
			ed for future a	nnual report notificati	on)
For further i	nformation concern	ing this matter, plea	ase call:		
	Gillian Haggerty	at (561	3394159	
	Name of P	 \	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for the following	owing amount:			
□\$125.00		130.00 Filing Fee rtificate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add			Street Address	
	New Filing S Division of O			New Filing Section Di The Centre of Tallaha	
	P.O. Box 63			2415 N. Monroe Stree	
	Tallahassee,	FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Relief Counseling	LLC		
(Must co	onatin the words "Limited Liabil	ity Company, "L	.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street	t address of the principal office of	of the Limited Li	ability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
1320 SW 26TH A	VE	1320 S	W 26TH AVE
BOYNTON BEAC	CH, FL 33426	BOYNTON BEACH, FL 33426	
	Agent, Registered Office, & Re		
he Limited Liability Compa nother business entity with a	iny cannot serve as its own Regis in active Florida registration.) et address of the registered agen	stered Agent. Yo	s Signature: u must designate an individual or
he Limited Liability Compa nother business entity with a	ny cannot serve as its own Regis n active Florida registration.)	stered Agent. Yo	
he Limited Liability Compa nother business entity with a	ny cannot serve as its own Regis n active Florida registration.) et address of the registered agen Gillian Haggerty	stered Agent. Yo	
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he Limited Liability Compa nother business entity with a	iny cannot serve as its own Registration.) et address of the registered agen Gillian Haggerty Nan 1320 SW 26TH AVE	stered Agent. Yo	u must designate an individual o

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..

(CONTINUED)

2020 SEP 15 PM 4:41

ARTICLE IV-

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

REOUIRED 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 Statutus, I am aware that any false information submitted in a document to the Department of State. Gillian Haggerty Typed or printed name of signee Typed or printed name	"MGR" = Manager MGR Gillian Haggertv 1320 SW 26TH AVE BOYNTON BEACH, FL 33426 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 ce to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is exocuted in accordance with section 605.0203 (1) (b). Florida Statutus. 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. Gillian Haggerty	"AMBK" = Au			
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)