

L21000158066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

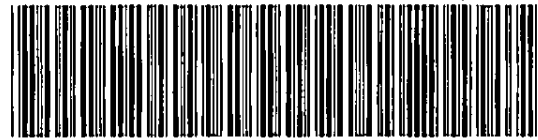
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200358074762

01/26/21--01008--026 \*\*150.00

2021 MAR 15 PM 5:41

3/16/2021

L

**COVER LETTER**

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

**SUBJECT: NEW HEIGHTS COUNSELING AND CONSULTING 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:

**COLLEEN WENNER-FOY**

Name of Person

**NEW HEIGHTS COUNSELING AND CONSULTING, LLC**

Firm/Company

**1425 HICKORY AVENUE**

---

Address

**NICEVILLE, FLORIDA 32578**

---

City/State and Zip Code

**NewHeightsHope@GMAIL.COM**

---

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

**COLLEEN WENNER-FOY at (850) 461-7282 or 850-757-1552**

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327 Tallahassee,  
FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20210115 PM 5:41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW HEIGHTS COUNSELING AND CONSULTING, 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:

1425 HICKORY AVENUE NICEVILLE, FL 32578

Mailing Address:

SAME

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:

COLLEEN WENNER-FOY

Name

1425 HICKORY AVENUE

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

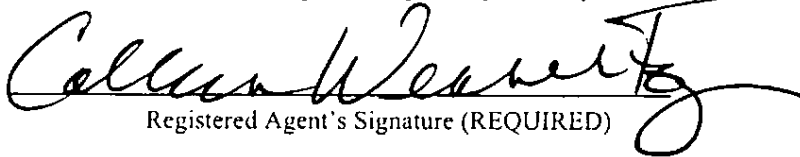
NICEVILLE, FL 32578

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)

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:

Colleen Wenner 1425 Hickory Avenue, Niceville, FL 32578

(Use attachment if necessary)

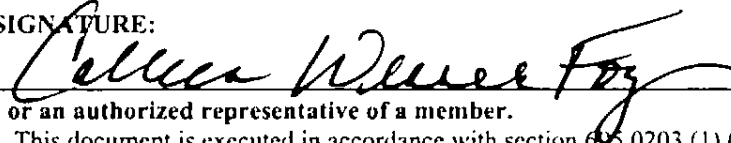
**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 31, 2021. (OPTIONAL)

(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:**



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.

**COLLEEN WENNER-FOY**

Typed or printed name of signee

2021.01.15 PM 5:41



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2021

COLLEEN WENNER-FOY  
1425 HICKORY AVENUE  
NICEVILLE, FL 32578

SUBJECT: NEW HEIGHTS COUNSELING AND CONSULTING, LLC  
Ref. Number: W21000025127

RECEIVED  
2021 MAR 16 AM 10:00  
DIVISION OF CORPORATIONS  
REGISTRAR'S OFFICE

We have received your document for NEW HEIGHTS COUNSELING AND CONSULTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SEPERATE THE COVER LETTER AND ARTICLES OF ORGANIZATION.

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.

WILLIAM LAWRENCE  
Regulatory Specialist II

Letter Number: 921A00003954

2021 MAR 16 PM 5:41

*Received USPS*

*3/9/21*

*[Signature]*

*Returning USPS*

*3/11/21, R*