

L21000315073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

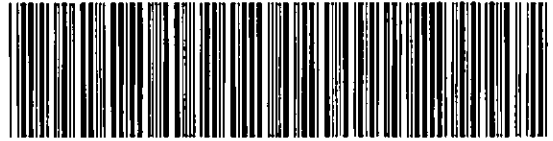
(Document Number)

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

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2021 JUN 14 10 51 AM

2021 JUN 14 10 51 AM

COVER LETTER

TO: New Filing Section  
Division of Corporations

Thriving Through Therapy PLLC

SUBJECT: \_\_\_\_\_  
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:

Laura Elizabeth Arnold

\_\_\_\_\_  
Name of Person

Thriving Through Therapy PLLC

\_\_\_\_\_  
Firm/Company

7901 4th Street N STE 8125

\_\_\_\_\_  
Address

St. Petersburg, FL 33702

\_\_\_\_\_  
City/State and Zip Code

lalovestravel@gmail.com

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

For further information concerning this matter, please call:

Laura E Arnold                      239                      2959240  
\_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thriving Through Therapy PLLC

(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:

7901 4th Street N STE 8125

St. Petersburg, FL 33702

Mailing Address:

7901 4th Street N STE 8125

St. Petersburg, FL 33702

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:

Northwest Registered Agent LLC

Name

7901 4th St N STE 300

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

St. Petersburg

FL

33702

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)

2021 JUN -4 11 09 AM

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Laura Elizabeth Arnold, LMHC MGR

4914 Silver Gate Ln #102

Fort Myers, FL 33907

Manager

Member

Laura Elizabeth Arnold, LMHC Member AMBR

4914 Silver Gate Ln #102

Fort Myers, FL 33907

Member

(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.

Practice of

~~Consulting and~~ Purpose: Practicing Mental Health  
Counseling and Therapy

**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.

Laura Elizabeth Arnold

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)

2021 JUN -4 11 31 11

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Laura E Arnold

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2959240

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

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Name

7901 4th St N STE 300

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

St. Petersburg

FL

33702

City

State

Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Fort Myers FL 33907

Manager

Member

Member

(Use attachment if necessary)

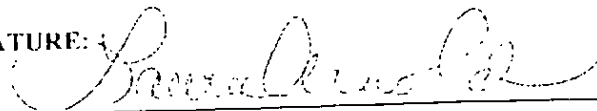
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Laura Elizabeth Arnold

\_\_\_\_\_  
Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

June 29, 2021

Lillie S Kervin  
Regulatory Specialist  
Florida Department of State

Re: Letter number 921A00013470 Reference Number: W21000087764

Dear Ms. Kervin,

I received the letter from you stating what is missing. I have completed those areas and am returning the paperwork to you. I stated the purpose of the business and please note the LMHC shows that I maintain the required Florida State License of Licensed Mental Health Counselor #MH 18354.

In addition, I noticed a mistake that was made on your end. There is a misspelling in the title of my company. Therapy was spelled by you as Theraphy. Please note that in the paperwork I have spelt it correctly. Could you please correct this? I noticed it when I checked online as well as in the letter you sent me.

Thank you for your prompt assistance in this matter.

Respectfully,



Laura E. Arnold

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