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11/30/22, 12:21  
Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.  
Account Number : I20150000107  
Phone : (941)625-1925  
Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future  
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Email Address: jennouellet@outlook.com

FLORIDA LIMITED LIABILITY CO.

Jennifer Ouellet Counseling, LLC

Certificate of Status	0
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22 Nov 30 PM 12:35

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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:

JENNIFER OUELLET  
1058 BIRCHCREST BLVD  
PORT CHARLOTTE, FL 33952

(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

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.

**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.

JENNIFER OUELLET

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)