

**L23000386975**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.****Barrett Counseling, PLLC**

Certificate of Status	0
Certified Copy	0
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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Barrett Counseling, PLLC

(Must end with 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:2840 S. Ocean Blvd Ste 606Palm Beach, FL 33480Mailing Address:2840 S. Ocean Blvd Ste 606Palm Beach, FL 33480

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Barrett Platzner

Name

2840 S. Ocean Blvd Ste 606Florida street address (P.O. Box **NOT** acceptable)Palm Beach

FL

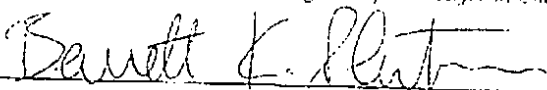
33480

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)

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 11th JUDICIAL CIRCUIT  
 IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

**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:**

Barrett Platzner

2840 S. Ocean Blvd Ste 606

Palm Beach, FL 33480

(Use attachment if necessary)

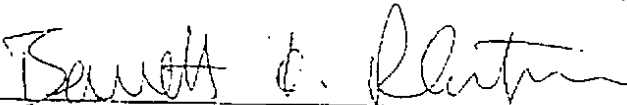
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

The purpose for this professional LLC is: Counseling.

**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.

Barrett Platzner

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)



August 16, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RASI

SUBJECT: BARRETT COUNSELING, PLLC  
REF: W23000112054

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We received your online transmitted document. However, the document has not been filed for the following:

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower  
Regulatory Specialist II  
CoT

FAX Aud. #: H23000282999  
Letter Number: 723A00018859