

L23000400844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

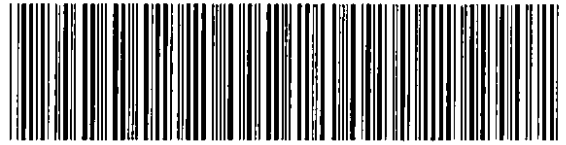
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STATE OF ALABAMA  
FALL AHAASSEE

11

## COVER LETTER

To: Registration Section  
Division of Corporations

Subject: GO ON LET's TALK, LLC.

Name Limited Liability Company

The enclosed application by Limited Liability Company to Go on let's talk LLC,  
a check is submitted to register the above referenced Limited Liability company.

Please return all correspondence concerning this matter to the following:

YOUSELANDE GABRIEL BIEN-AIME/Lyne Bien-Aime

Name of Person

GO ON LET's TALK, LLC.

Firm/Company

16158 SW 36 court

Address

Miramar Florida :33027

City/state and zip code

[Youselandeg@yahoo.com](mailto:Youselandeg@yahoo.com)/[Lynebienaime@yahoo.com](mailto:Lynebienaime@yahoo.com)

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

For further information concerning this matter, please call:  
Youselande Gabriel Bien-Aime at (786) 499-7087/754-217-1729

Mailing address  
Registration Section.  
Division of Corporation  
P.O. BOX 6327.  
Tallahassee, FL 32314

Street address  
Registration Section  
Division of Corporation  
The center of Tallahassee  
2415 Monroe Street, suite 810  
Tallahassee, FL 32303

**Electronic Articles of Organization  
for  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:  
GO ON LET'S TALK, LLC.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
16158 SW 36 court  
Miramar, FL: 33027

The mailing address of the Limited Liability Company is:  
16158 SW 36 court  
Miramar, FL: 33027

**Article III**

The purpose for which this Limited Liability Company is organized is:  
Other provisions, if any:  
CLINICAL PSYCHOLOGY THERAPY, NEUROPSYCHIATRIC REHABILITATION FOR INDIVIDUAL  
DIAGNOSED WITH BEHAVIORAL DISORDERS, SUBSTANCE ABUSE, DRUGS ABUSE INCLUDING  
MARRIAGE AND FAMILY THERAPY COUNSELINGS.

**Article IV**

The name and Florida street address of the registered agent is:  
Dr.Lyne Bien-Aime  
16158 SW 36 court  
Miramar, FL:33027

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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision with all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Registered agent signature: Dr.Lyne Bien-Aime, CEO.

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CLERK OF COURT  
TALLAHASSEE, FL 32301

#### **Article V**

The name and address of person authorized to manage LLC.

Youselande Gabriel Bien-Aime

16158 SW 36 court

Miramar Florida: 33027

#### **Article VI**

Signature of member or an authorized representative.

Electronic Signature: YOUSELANDE GABRIEL BIEN-AIME, MGRM.

I am a member or authorized representative submitting these articles and affirm that the Facts stated herein are true. I am aware that false information submitted in a document to the To the Department of state constitutes a third-degree felony as provided for in s. 817.155, F.S. I understand the requirement to the file annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the Calendar year following formation of the LLC and every thereafter to maintain "active" status.

**FILED**  
2023 AUG -1 PM 1:11  
SECRETARY OF  
STATE  
TALLAHASSEE, FLORIDA