

L24000 417566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

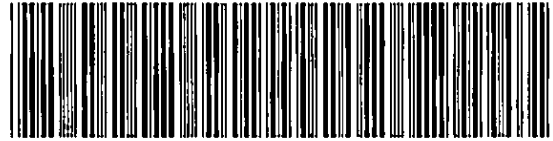
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STATE
TAMPA, FL

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STATE
TAMPA, FL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 10/02/2024

Name: Cheyenne Davis

Reference #: 2520057

Entity Name: THE COUNSELING GROUP OF MIAMI, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☒ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other FILE CONVERSION FIRST, PLEASE ATTACH CC OF CERT. OF STATUS

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TALLAHASSEE, FL
STATE

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Authorized Amount: \$155.00

Signature: *Patrice*



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
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2024 OCT -2 AM 9:47
CLERK OF DISTRICT COURT
STATE OF FLORIDA

Authorized Amount: \$155.00

Signature: *Cheyenne Davis*

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Counseling Group of Miami, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Tiffany Schriner
(Contact Person)

AllRise Legal Counsel LLC
(Firm/Company)

600 W. Jackson Blvd., Ste. 100
(Address)

Chicago, IL 60661
(City, State and Zip Code)

tschriner@allriselawyers.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Tiffany Schriner (312) 600-5351
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees ((\$25 for Conversion & \$125 for Articles of Organization)	<input checked="" type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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TALLAHASSEE, FL
STATE

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

The Counseling Group of Miami, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on 01/18/2006

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

The Counseling Group of Miami, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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CLERK OF THE
SUPREME COURT
OF THE STATE OF
FLORIDA

Signed this 30th day of September, 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Tim Schriener
Printed Name: Tiffany Schriener Title: Organizer

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Geraldyn Cedola
Printed Name: Geraldyn Cedola Title: Director

Signature: Tina Neil
Printed Name: Tina Neil Title: Director

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION
OF
THE COUNSELING GROUP OF MIAMI, LLC

ARTICLE 1
NAME

The name of the Limited Liability Company is: The Counseling Group of Miami, LLC.

ARTICLE 2
ADDRESS

The mailing address and street address of the principal office of the Limited Liability is:

Physical Address:

501 Goodlette-Frank Road, C206 Naples,
Florida 34102

Mailing Address:

501 Goodlette-Frank Road, C206
Naples, Florida 34102

ARTICLE 3
REGISTERED AGENT, REGISTERED OFFICE AND AGENT SIGNATURE

The name and the Florida street address of the registered agent:

Geralyn Cecola

501 Goodlette-Frank Road, C206

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

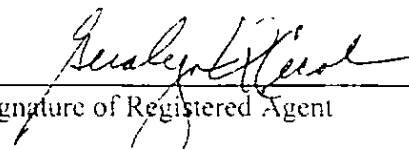
Naples

City

FL 34102

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.



Signature of Registered Agent

(CONTINUED)

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**ARTICLE 4
MANAGEMENT AND MANAGERS**

The Company shall be managed by the managers. The name and address of each manager authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Tina Neil
501 Goodlette-Frank Road, C206
Naples, FL 34102

Geralyn Q. Cecola
501 Goodlett-Frank Road, C206
Naples, Florida 34102

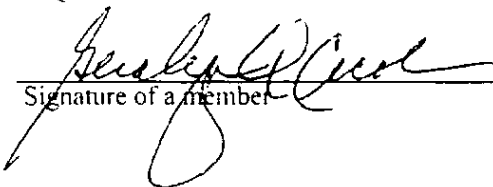
**ARTICLE 5
EFFECTIVE DATE AND TIME**

The effective date and time of these Articles of Organization shall be the date and time that these Articles of Organization are filed with the Florida Department of State, Division of Corporations.

**ARTICLE 6
DURATION**

The LLC is formed for an indefinite duration.

REQUIRED SIGNATURE:

→ 

Signature of a member

Geralyn Cecola, Manager
Typed or printed name of signee

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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.

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)