

M20000001585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Permission from Brittany to
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FL to US as on cert.

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503F
2/11/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Enlightenment Counseling, LLC.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brittany Paris

Name of Person

Enlightenment Counseling, LLC.

Firm/Company

9311 Sterling Lane

Address

Port Richey, Florida 34668

City/State and Zip Code

Bparis.LSCSW@gmail.com

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

For further information concerning this matter, please call:

Brittany Paris

816

508-9918

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Enlightenment Counseling, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Florida KS

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9311 Sterling Lane

(Street Address of Principal Office)

Port Richey, Florida 34668

9311 Sterling Lane

6.

(Mailing Address)

Port Richey, Florida 34668

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents, Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Hume

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Brittany Paris</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9311 Sterling Lane</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Port Richey, Florida 34668</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Brittany L. Paris
Signature of an authorized person

Brittany L. Paris

Typed or printed name of signee

5/20/2019

Kansas Business Center: Articles of Incorporation

SCOTT SCHWAB
Secretary of State



State of Kansas

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564

Limited Liability Company Articles of Organization
Date: 05/20/2019

RE: Enlightenment Counseling, LLC
Business Entity ID Number: 9421181

Dear Business Customer:

Congratulations on filing the Limited Liability Company Articles of Organization. Your business is now qualified with the Kansas Secretary of State.

Every Kansas limited liability company must file an annual report each year and pay a filing fee. The annual report and fees are due together on the 15th day of the 4th month after the last day of the entity's tax year end. Example: If you have a tax year end of December, the annual report will be due every April 15th. An annual report is not required if the Kansas limited liability company has not been qualified for six months prior to its first tax year end.

You may save nine percent by filing the annual report online at <http://www.sos.ks.gov>.

You may view the status and general information for your business, as well as obtain certificates or letters of good standing by visiting <http://www.sos.ks.gov>.

Sincerely,

Scott Schwab
Kansas Secretary of State

Kansas Secretary of State

Memorial Hall, 1st floor - 120 SW 10th Ave. - Topeka, Kansas 66612-1594
phone: (785) 296-4564 - email: kssos@sos.ks.gov - url: <http://www.sos.ks.gov/>

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RECEIVED
KANSAS SECRETARY OF STATE

Limited Liability Company Articles of Organization**The name of the Limited Liability Company:**

Enlightenment Counseling, LLC

File date: 05/20/2019

File time: 13:17:56

Business Entity ID Number: 9421181

Registered Office in Kansas:

- 9212 Lichtenauer Drive
- 515
- Lenexa, Kansas
- 66219

Name of the resident agent at the registered office:

Brittany Paris

Mailing address for official mail:

- Enlightenment Counseling, LLC
- 9212 Lichtenauer Drive
- 515
- Lenexa, KS
- 66219 USA

Name of the organizer(s):

Brittany Paris

I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Execution date: 05/20/2019

The signature(s) of the organizer(s):Brittany Paris

Brittany Paris



I, Scott Schwab, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 05/20/2019.

Scott Schwab

2020 JAN 24 PM 4:40

FILED

Kansas Secretary of StateMemorial Hall, 1st floor - 120 SW 10th Ave. - Topeka, Kansas 66612-1594
phone: (785) 296-4564 - email: kssos@sos.ks.gov - url: <http://www.sos.ks.gov/>

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9421181

Entity Name: ENLIGHTENMENT COUNSELING, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: BRITTANY PARIS

Registered Office: 9212 Lichtenauer Drive 515, LENEXA, KS 66219

was filed in this office on May 20, 2019, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of January 20, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1124062 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

2020 JAN 21, PM 4:40