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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW
Account Number : I20000000069
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Suncoast Neuropsychology, L.L.C.

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EXAMINER

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ARTICLES OF ORGANIZATION

OF

SUNCOAST NEUROPSYCHOLOGY, L.L.C.

a Florida Limited Liability Company

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FIRST: The name of the Limited Liability Company shall be SUNCOAST NEUROPSYCHOLOGY, L.L.C. (hereinafter referred to as the "Company").

SECOND: The mailing address and street address of the principal office of the Limited Liability Company is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

THIRD: The duration of the Company's existence shall be perpetual.

FOURTH: The purposes for which the Company is organized are any and all other lawful purposes for which a Limited Liability Company may be organized pursuant to the laws of the State of Florida and the United States.

FIFTH: The Company shall be managed by its Manager(s). Initially, there shall be ONE (1) Manager whose name and address is JOSEPH J. SESTA, 235 Apollo Beach Boulevard, Box 503, Apollo Beach, Florida 33572.

SIXTH: Company shall be initially authorized and empowered to issue one class of Membership Unit.

SEVENTH: By majority vote of authorized and outstanding Membership Units, the Members may agree to admit additional Members to join the Company and establish the terms of their contributions to join.

EIGHTH: In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members may continue the business thereof.

NINTH: Whenever a Member or his legal representative requests a step-up election under Section 754 of the Internal Revenue Code as the same may be amended from time to time, such election shall be made as all Members of the Limited Liability Company, upon subscription for units therein, hereby irrevocably consent to such election when requested by any other Member.

TENTH: Whenever income is earned by the Company, there shall be, at a minimum, sufficient distribution of income to its Members to allow them to pay, on a

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Mar. 17. 2009 2:47PM 772: S. Goldsmith Atty.
03/06/2009 16:32 8136318446
Mar. 6. 2009 2:10PM S. Goldsmith Atty.

JOE_ROSE
DR J SESTA PHD

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timely basis, all of their U.S. Federal, State and local tax liabilities imposed by virtue of their membership interest in the Company.

ELEVENTH: We hereby form the Company.

Members:

Joseph J. Sesta 3-9-09
JOSEPH J. SESTA Date

Rose C. Sesta 3-6-09
ROSE C. SESTA* Date

Joseph Sesta 3-6-09
JOSEPH SESTA, SR.* Date

Rhonda M. Ross 3-09-09
RHONDA M. ROSS Date

*As Husband and Wife, Tenants by the Entireties

TWELFTH: I hereby agree to serve as Initial Manager of the Company

Joseph J. Sesta 3-9-09
JOSEPH J. SESTA Date

THIRTEENTH: Pursuant to the provisions of Section 608.415, Florida Statutes, the Company designates the name and address of its Registered Agent and office as follows:

Stanley A. Goldsmith
1605 Main Street
Suite 1001
Sarasota, Florida 34236

FOURTEENTH: To the Manager of SUNCOAST NEUROPSYCHOLOGY, L.L.C.

Having been named as Registered Agent and to accept Service of Process for the Company at the place designated in these Articles, 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 am familiar with and accept the obligations of my position as Registered Agent.

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Stanley A. Goldsmith

STANLEY A. GOLDSMITH
1605 Main Street
Suite 1001
Sarasota, Florida 34236

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF Hillsborough) ss:

The foregoing was acknowledged before me this 9 day of March, 2009 by JOSEPH J. SESTA. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

NOTARY PUBLIC-STATE OF FLORIDA
Blanca Meza Parker
Commission # DD826330
Expires: JAN. 16, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

(Notary Seal)

Blanca Meza Parker
Signature of Notary Public

Blanca Meza Parker
Print Name of Notary Public
I am a Notary Public of the State of Florida and my commission expires on Jan 16, 11.

STATE OF FLORIDA)
COUNTY OF Sarasota) ss:

The foregoing was acknowledged before me this 17th day of March, 2009 by STANLEY A. GOLDSMITH. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Notary Public State of Florida
Lisa D Wenger
My Commission DD492396
Expires 11/20/2009

(Notary Seal)

Lisa D Wenger
Signature of Notary Public

Lisa D Wenger
Print Name of Notary Public
I am a Notary Public of the State of Florida and my commission expires on 11/20/09.

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