#### **Division of Corporations** Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. **PSYCHPLUS SERVICES LLC**

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# ARTICLES OF ORGANIZATION FOR

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## FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The hame of the Limited Liability Company is: (Must end with the words "Limite" L.C. for "LLC.")	d Liability Company,
Bychplus Services LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Li Company is: 3750 WEST 16 AVE SUIFE  LAMEAH., FL 33012.	1 ' 1
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: ( Company cannot serve as its own Registered Agent, You must designate an individual or a with an active Florida registration.)  Hawlet R. HASSAN MD	other business entity
3750 West he Ave suit	e 1260-4
Higlegh FL 33012	
ARTICLE IV- The name and title of each person authorized to manage and control Liability Company:  [Ham let R. Hassan MD.]	1
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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/Qhapter 605, F.S.

Registered Agent's Signature (REQUIRED)

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