

L21 000 527 346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

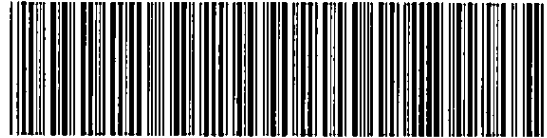
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/14 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** LLC _____

1. SEGAL TELEPSYCHIATRY NETWORK, PLLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

DEC 16 PM 12:09
FILED

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2021

CORPORATE ACCESS

Corrected

SUBJECT: SEGAL TELEPSYCHIATRY NETWORK, PLLC
Ref. Number: W21000158955

We have received your document for SEGAL TELEPSYCHIATRY NETWORK, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 721A00030215

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ALLIANCE

2021 DEC 16 AM 10:12

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**Articles of Organization
For
Segal Telepsychiatry Network, PLLC**

Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is Segal Telepsychiatry Network, PLLC

ARTICLE II - Address:

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

7992 4th Street N, Suite 300
Saint Petersburg, FL 33702

ARTICLE III - The limited liability company shall have

The company is organized for the rendition of the professional service of Psychiatry.

ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Legalinc Corporate Services Inc.
5237 Summerlin Commons
Suite 400
Fort Myers, FL 33907

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ED

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.

Dana Case
Dana Case, Manager

ARTICLE V - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Olga Segal
7992 4th Street N, Suite 300
Saint Petersburg, FL 33702

Olga Segal, Organizer
