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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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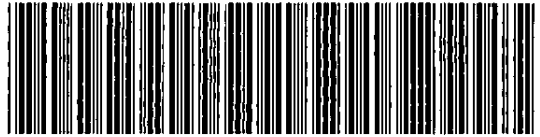
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**L. SELLERS**

JUL 24 2009

**EXAMINER**

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09 JUL 23 09 12 46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Premier Psychological Services, P.L.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brad Palermo, Psy.D.  
Name of Person

Premier Psychological Services, P.L.  
Firm/Company

500 110th Avenue North, Apt 611  
Address

Saint Petersburg, FL 33716  
City/State and Zip Code

palermobrad@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Palermo, Psy.D., Member at ( 727 ) 4987143  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Premier Psychological Services, P.L.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

500 110th Avenue North, Apt 611  
Saint Petersburg, FL 33716

#### Mailing Address:

500 110th Avenue North, Apt 611  
Saint Petersburg, FL 33716

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Brad Palermo, Psy.D., Member

Name

500 110th Avenue North, Apt 611


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

Saint Petersburg, 33716 FL

City, State, and 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 608, F.S.*

Premier Psychological  
Services, P.L.

 , Member  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGR"

Brad Palermo, Psy.D., Member  
500 110th Avenue North, Apt 611  
Saint Petersburg, FL 33716

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Premier Psychological  
Services, P.L., by

 Psy.D., Member  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Premier Psychological  
Services, P.L., by

Brad Palermo, Psy.D., Member

Typed or printed name of signee

**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)

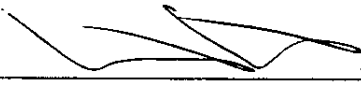
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**09 JUL 23 PM 12:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Amendment

Article V – Professional Limited Liability Company

The limited liability company shall be a professional liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of psychological and counseling services and no person or entity shall be admitted as a member unless he, she or it is qualified to practice this profession.

Premier Psychological  
Services, P.L., by

 Psy.D. Member  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties o perjury that the facts stated herein are true.)

Premier Psychological  
Services, P.L., by

Brad Palermo, Psy.D., Member  
Typed or printed name of signee