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EFFECTIVE DATE

3/4/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -8 AM 8:35

B. KOHR

MAR 10 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE 3/4/2010

SUBJECT: Fampsynd Enterprises, LLC.

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:

Amy M. Mulholland, Ph.D.

Name of Person

Firm/Company

11542 Woodmount Lane

Address

Estero, FL 33928

City/State and Zip Code

drmulholland@fampsynd.com

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

For further information concerning this matter, please call:

Amy M. Mulholland, Ph.D.

Name of Person

at (239) 561-9955

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 8 AM 8:35
10 MAR '10

EFFECTIVE DATE 3/4/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fampsynd Enterprises, LLC.

(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:

11542 Woodmount Lane
Estero, FL 33928

Mailing Address:

11542 Woodmount Lane
Estero, FL 33928

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:

Amy M. Mulholland, Ph.D.

Name

11542 Woodmount Lane

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

Fort Myers

FL 33928

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED STATE
SECRETARY OF CORPORATIONS
10 MAR -8 AM 8:35

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:

MGRM

Amy M. Mulholland, Ph.D.

11542 Woodmount Lane

Fort Myers, FL 33928

MGRM

Sharon L. Chrovian, Psy.D.

17813 Oakmont Ridge Circle

Fort Myers, FL 33967

MGRM

Cori J. Calkins, Psy.D.

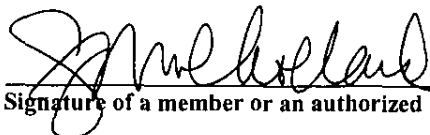
12801 Eagle Pointe Circle

Fort Myers, FL 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 4, 2010 (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:



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.)

Amy M. Mulholland, Ph.D.

Typed or printed name of signer

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)**