

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**L. SELLERS**

NOV -9 2010

**EXAMINER**

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

From: Account Name : HUSCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: NASREENORLANDO@yahoo.com

**FLORIDA LIMITED LIABILITY CO.**  
**The American Institute of Telepsychiatry LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **The American Institute of Telepsychiatry LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

6167 Harbour Town Court

6167 Harbour Town Court

Orlando, FL 32819

Orlando, FL 32819

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

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

Nasreen Razack-Malik

Name

6167 Harbour Town Court

(P.O. Box or Mail Drop Box NOT Acceptable)

Orlando, FL 32819

(City / State / 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 - Nasreen Razack-Malik

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TALLAHASSEE, FLORIDA

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Nasreen Razack-Mallk - 6167 Harbour Town Court, Orlando, FL 32819

MGRM

All Mallk - 6167 Harbour Town Court, Orlando, FL 32819

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

Nasreen Razack-Mallk

Typed or printed name of signee

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