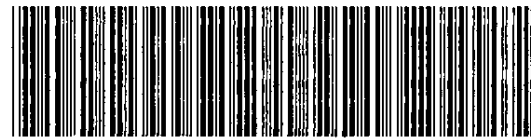


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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11 MAR 14 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 15 2011

**Sheldon L. Wykell  
Psychotherapeutic Encounters, PLLC  
535 Central Ave.  
St. Petersburg, FL 33701**

January 10, 2011

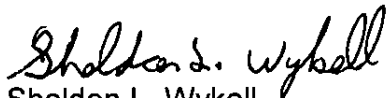
Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Psychotherapeutic Encounters, PLLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Sheldon L. Wykell  
Psychotherapeutic Encounters, PLLC

Enclosures

check stapled here

**ARTICLES OF ORGANIZATION**

of

**PSYCHOTHERAPEUTIC ENCOUNTERS, PLLC**

FILED  
11 MAR 14 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a professional limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Psychotherapeutic Encounters, PLLC

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III – PURPOSE AND LIMITATIONS OF OWNERSHIP**

The limited liability company is organized for the purpose of engaging the practice of licensed physical therapy. Members of the organization shall be limited to those licensed in Florida to practice physical therapy.

**ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

535 Central Ave.  
St. Petersburg, FL 33701

The organization's mailing address shall be as follows:

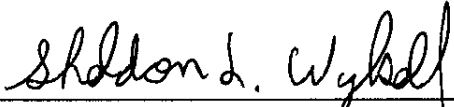
535 Central Ave.  
St. Petersburg, FL 33701

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Sheldon L. Wykell, MSW  
535 Central Ave.  
St. Petersburg, FL 33701

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.

  
\_\_\_\_\_  
Sheldon L. Wykell, Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Sheldon L. Wykell  
535 Central Ave.  
St. Petersburg, FL 33701

**ARTICLE VII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Sheldon L. Wykell  
535 Central Ave.  
St. Petersburg, FL 33701

**ARTICLE VIII – MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 8<sup>th</sup> day of ~~January~~, 2011.

Sheldon L. Wykell *March*  
Sheldon L. Wykell

STATE OF FLORIDA     )  
COUNTY OF PINELLAS    )

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Sheldon L. Wykell, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 8<sup>th</sup> day of ~~January~~, 2011.

Tracey Samantha Chechele  
Notary Public, State of Florida at Large  
My Commission Expires:

