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(Requestor's Name)

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(City/State/Zip/Phone #)

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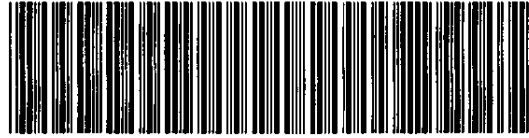
(Business Entity Name)

(Document Number)

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2011 MAY 31 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN - 1 2011

EXAMINER

TRANSMITTAL LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: VISIONARY MENTAL HEALTH SERVICES LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

VISIONARY MENTAL HEALTH SERVICES LLC
C/O PAOLA T. ZAKI
130 APPLEBY ST. NE
PALMBAY, FL 32907

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

PAOLA T. ZAKI 321-984-2690

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

<input type="checkbox"/> \$125.00 FILING FEE	<input checked="" type="checkbox"/> \$130.00 FILING FEE & CERTIFICATE OF STATUS	<input type="checkbox"/> \$155.00 FILING FEE & CERTIFIED COPY*	<input type="checkbox"/> \$160.00 FILING FEE & CERTIFICATE OF STATUS CERTIFIED COPY*
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*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL 32399

MAILING ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

VISIONARY MENTAL HEALTH SERVICES LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS

130 APPLEBY ST. NE
PALMBAY, FL 32907

MAILING ADDRESS

130 APPLEBY ST. NE
PALMBAY, FL 32907

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

PAOLA T ZAKI
130 APPLEBY ST NE
PALMBAY, FL 32907

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 AGENTS SIGNATURE

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ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:	NAME & ADDRESS
"MGR"= MANAGER	
"MGRM"= MANAGING MEMBER	
MGR	PAOLA T ZAKI 130 APPLEBY ST NE PALMBAY, FL 32907
MGRM	

MGRM

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

REQUIRED SIGNATURE: PAOLA T ZAKI

x

Paola Zaki
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.)

PAOLA T ZAKI
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)

PAGE 2 OF 2

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