

L110000080163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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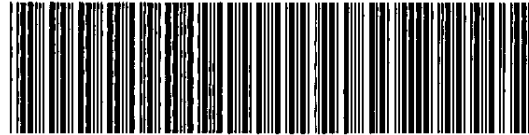
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/11/11--01007--027 **160.00

EFFECTIVE DATE

7/15/11

FILED
11 JUL 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. G. JUL 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Psychological Counseling Center of Southwest Florida 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:

Dr. Susan Minsky
Name of Person

Psychological Counseling Center of Southwest Florida LLC
Firm/Company

16174 Coco Hammock Way
Address

Fort Myers, FL 33908
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr. Susan Minsky at (410) 707 7329
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:

Psychological Counseling Center of Southwest Florida 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:

Premier Executive Center
5237 Summerlin Commons Blvd.
Fort Myers, FL 33907

Mailing Address:

Dr. Susan Minsky
16174 Coco Hammock Way
Fort Myers, FL 33908

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:

Kenneth R. Ellis PhD.
Name
16174 Coco Hammock Way
Florida street address (P.O. Box **NOT** acceptable)
Fort Myers FL 33908
City, State, and Zip

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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..

Kenneth R. Ellis PhD.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Dr. Susan Minsky
16174 Coco Hammock Way
Fort Myers, FL 33908

MGRM

Kenneth R. Ellis PhD.
16174 Coco Hammock Way
Fort Myers, FL 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 15, 2021. (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:

Susan Minsky PhD -
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Susan Minsky PhD.
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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