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2/9/12

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12 FEB -6 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen FEB -7 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NELSON PSYCHOLOGICAL SERVICES, 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:

Tiesha Nelson, Psy. D.

Name of Person

Nelson Psychological Services, LLC

Firm/Company

PO Box 7601

Address

North Port, Florida 34290

City/State and Zip Code

TieshaSnelson@yahoo.com

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

For further information concerning this matter, please call:

Tiesha Nelson, Psy. D.

Name of Person

at (954) 294-8139

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 INCORPORATION

OF

NELSON PSYCHOLOGICAL SERVICES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, hereby execute the following for the purpose of forming a Limited Liability Company under the laws for the State of Florida, providing for the formation, liabilities, rights, privileges and immunities of a company for profit.

ARTICLE I – Name:

The name of the Limited Liability Company shall be NELSON PSYCHOLOGICAL SERVICES, LLC.

ARTICLE II – ADDRESS:

The address of the principal office of this limited liability company shall be 1683 Campbell Street, North Port, Florida 34288 and the mailing address of the corporation shall be P.O. Box 7601, North Port, Florida 34290.

ARTICLE III – NATURE OF BUSINESS:

The nature of business will be to provide psychological services including treatment, assessment, education and training, and consulting. This Limited Liability Company may also engage or transact in any and all lawful activities and businesses permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV – REGISTERED AGENT AND OFFICE:

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

Tiesha Nelson, Psy.D.
1683 Campbell Street
North Port, Florida 34288

Having been named as a registered agent and to accept the service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment of 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 a registered agent as provided for in Chapter 608, F.S.

 1/31/12
Tiesha Nelson, Psy.D., Registered Agent Date

ARTICLE V – DURATION OF EXISTENCE:

This Limited Liability Company shall have perpetual unless sooner dissolved according to the law.

ARTICLE VI – MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each manager or managing member is as follows:

MGR

Tiesha Nelson, Psy.D.
1683 Campbell Street
North Port, Florida 34288

ARTICLE VII – OWNERSHIP

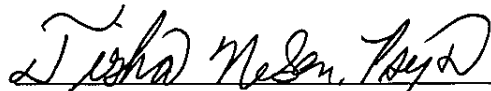
The company shall be owned one hundred percent (100%) by Tiesha Nelson, Psy.D.; however, the undersigned may agree to divest part of her ownership to others as she may see fit. All agreements regarding divested ownership shall be in writing.

ARTICLE VIII –EFFECTIVE DATE

The effective date of this Limited Liability Company shall be February 9, 2012.

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.)



Tiesha Nelson, Psy.D.

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