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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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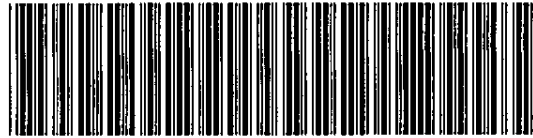
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

NOV 26 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Casey Schmidt, PhD, PLLC
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:

Casey Schmidt, PhD

Name of Person

Casey Schmidt, PhD, PLLC

Firm/Company

3325-C Thomasville Rd.

Address

Tallahassee, FL 32308

City/State and Zip Code

drcws@comcast.net

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

For further information concerning this matter, please call:

Casey Schmidt, PhD

Name of Person

at (**850**)

385-8222

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

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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:

Casey Schmidt, PhD, PLLC

(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:3325-C Thomasville Rd.
Tallahassee, FL 32308**Mailing Address:**Same**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 other business entity with an active Florida registration.)

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

Casey Schmidt, PhD

Name

3325-C Thomasville Rd.Florida street address (P.O. Box NOT acceptable)Tallahassee, FL 32308

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 (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:MGRMCasey Schmidt, PhD
3325-C Thomasville Rd.
Tallahassee, FL 32308SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-01-2013 (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:
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.)

Casey Schmidt, 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)

Statement of Purpose for Casey Schmidt, PhD, PLLC

Casey Schmidt, PhD, PLLC is formed for the lawful purpose of providing evidence-based, professional psychological evaluation, consulting, and psychotherapeutic counseling services to individuals, groups, and family members. All professional services will be provided solely by the Managing Member of Casey Schmidt, PhD, PLLC in accordance with the rules and regulations set forth by the applicable national and state professional licensing boards as well as remain subject to the statutes and regulations of the laws of the State of Florida.

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