

6/25/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Baird Psychology Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Baird Psychology Services, 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:**

**Mailing Address:**

2831 Ringling Boulevard, Suite 207C  
Sarasota, FL 34237-5351

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Sarasota, FL 34237-5351

**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:

Dr. Nancy Baird

Name

8351 Eagle Crossing

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

FL 34241

City

Zip

*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 605, F.S..*

Dr. Nancy Baird

Registered Agent's Signature (REQUIRED)

Dr. Nancy Baird

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Dr. Nancy Baird

8351 Eagle Crossing

Sarasota, FL 34241

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Dr. Nancy Baird

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Dr. Nancy Baird

Typed or printed name of signee

FILED  
14 JUN 25 AM 8:55  
TALLAHASSEE, FLORIDA

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