

LI 5000028642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300269034813

02/09/15--01035--023 **125.00

FILED
15 FEB -9 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED FEB 15 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SunCare Psychiatric 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:

Richard E Huff, Jr., Esq.

Name of Person

Huff Law, PLLC

Firm/Company

1744 N. Belcher Rd., Suite 150

Address

Clearwater, FL 33765

City/State and Zip Code

carl.mclean@hotmail.com

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

For further information concerning this matter, please call:

Richard E. Huff, Jr., Esq. at (727) 386-4240

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
OF
SUNCARE PSYCHIATRIC SERVICES, LLC

The undersigned executes these Articles of Organization of SunCare Psychiatric Services, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is SunCare Psychiatric Services, LLC.

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 1662 McKay Ct., Dunedin, FL 34698.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 1662 McKay Ct., Dunedin, FL 34698, and the name of the limited liability company's initial registered agent at that address is Carl McLean.

Having been named 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.


Carl McLean

ARTICLE IV. AUTHORIZED MEMBER(S)

The name and address of the initial authorized member of the limited liability company is Carl McLean, 1662 McKay Ct., Dunedin, FL 34698.

ARTICLE V. MANAGEMENT OF COMPANY

The limited liability company is a member-managed limited liability company.

EXECUTED: February 5, 2015


Carl McLean, Member

RECEIVED
15 FEB - 9 AM 8:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE