

L15000070632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

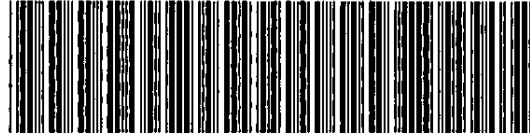
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000271085540

04/09/15--01008--010 **130.00

APPROVED
AND
FILED

15 APR -9 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noya Psychological Services, L.L.C.
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. Melissa Noya
Name of Person

Noya Psychological Services, L.L.C.
Firm/Company

P.O. Box 145291
Address

Coral Gables, FL 33114
City/State and Zip Code

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

For further information concerning this matter, please call:

Melissa Noya at (305) 495-4869
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

APPROVED
AND
FILED

15 APR -9 AM 8:29

ARTICLE I - Name:

The name of the Limited Liability Company is:

Noya Psychological Services, L.L.C.
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Noya Psychological Services, L.L.C.
Attn: Dr. Melissa Noya
3001 Ponce De Leon Blvd., Ste
102, Coral Gables, FL 33134

Noya Psychological Services, L.L.C.
Attn: Dr. Melissa Noya
P.O. Box 145291
Coral Gables, FL 33114

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:

Melissa Noya
Name

3001 Ponce De Leon Blvd., Ste 102
Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL FL 33134
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..

Melissa Noya, PsyD
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

15 APR -9 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
Melissa Noya
P.O. Box 145291
Coral Gables, FL 33114

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/3/2015 (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:

Melissa Noya, Psy.D.
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.)
Melissa Noya, Psy.D.
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)