

L15000141149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

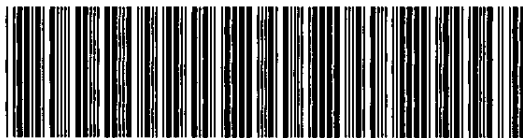
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 AUG 19 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

AUG 21 2015

D CUSHING

**Subject: Pearson Psychological Services, LLC**

**Name: Shari Pearson**

**Address: 296 San Remo Dr. Jupiter, Florida 33458**

**Phone: 954-817-0976**

**Email: [pearsonshari@gmail.com](mailto:pearsonshari@gmail.com)**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pearson Psychological Services  
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:

Shari Pearson  
Name of Person  
Pearson Psychological Services  
Firm/Company  
2916 San Remo Dr.  
Address  
Jupiter, FL 33458  
City/State and Zip Code  
pearsonshari@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Shari Pearson at 954, 817-0976  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

already sent in

- ☐ \$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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2015

SHARI PEARSON  
296 SAN REMO DR  
JUPITER, FL 33458

SUBJECT: PEARSON PSYCHOLOGICAL SERVICES LLC  
Ref. Number: W15000050082

We have received your document for PEARSON PSYCHOLOGICAL SERVICES LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 015A00015628

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pearson Psychological 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:

296 San Remo Dr.  
Jupiter, FL 33458

Mailing Address:

296 San Remo Dr.  
Jupiter, FL 33458

**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:

Shari Pearson  
Name  
296 San Remo Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Jupiter, FL 33458  
City State 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 605, F.S..

Shari Pearson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

Shari Pearson  
296 San Romo Dr  
Jupiter, FL 33458

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Shari Pearson

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Shari Pearson

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA