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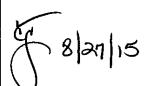
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15 AUG 20 PH 4: 27



COVER LETTER

| TO: | Registration of | n Section Corporations | | | | | |
|------------|------------------|--|-----------------|---|-------------|--------------------|-------|
| SUBJE | South 1 | Florida Psychological Asso | ociates, LLC. | | | | |
| SOBOL | · · · | Name of | Limited Liab | ility Company | | - | |
| The encl | losed Article | s of Organization and fee(s | s) are submitte | ed for filing. | | | |
| Please re | eturn all corr | espondence concerning thi | s matter to the | following: | | | |
| | Jaclyn H | I. Polsky | | | | | |
| | ····· | | Name o | of Person | | | |
| | South Fl | orida Psychological Assoc | iates, LLC. | | | | |
| | | | Firm/C | Company | | | |
| | 13000 N | W 5th Street | | | | | |
| | | | Add | lress | | | |
| | Plantatio | on, Florida 33325 | | | | | |
| | DrPolsky | @soflapsych.com | City/State a | nd Zip Code | | | |
| | 211 0.0.17 | E-mail address: (to be u | ised for future | annual report notifica | tion) | | |
| For furthe | r informatio | n concerning this matter, pl | ease call: | | | | |
| | Jaclyn Po | | 954 | 909-7793 | | | |
| | 1 | Name of Person | Area Code | Daytime Telepho | ne Number | • | |
| Enclosed | l is a check f | or the following amount: | | | | | |
| \$125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | LlCerti | .00 Filing Fee & fied Copy nal copy is enclosed) | Certified C | of Status & |) |
| | Ne Div P.C | w Filing Address w Filing Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | | Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323 | ter Circle | 15 AUS 20 PH 4: 27 | FILED |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Lie | ahility Company is: | | | FILED |
|---|---|--|---|--|
| The name of the Emmed En | aomity Company is. | | | 15 AUG 20 PM 4: 27 |
| South Florida Pa | sychological Associates, LLC | 2. | | COCCEADY ACCOUNT |
| | end with the words "Limited | | 'L.L.C.," or "LLC.") | - LECKETA RY OF STATE FALLAMAISEE, FLORIDA |
| ARTICLE II - Address: The mailing address and str | eet address of the principal of | ffice of the Limited L | iability Company is: | |
| <u>Pri</u> | ncipal Office Address: | | Mailing Addı | ress: |
| 1421 S.E. 4th A | venue | 13000 | NW 5th Street | |
| | , | DI . | tion, FL 33325 | |
| | Agent, Registered Office, | & Registered Agent | 's Signature: | dividual or |
| Fort Lauderdale ARTICLE III - Registered (The Limited Liability Comanother business entity with | | & Registered Agent' Registered Agent. You | 's Signature: | dividual or |
| Fort Lauderdale ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, opany cannot serve as its own an active Florida registration | & Registered Agent Registered Agent. You n.) agent are: | 's Signature: | dividual or |
| Fort Lauderdale ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, of pany cannot serve as its own an active Florida registration reet address of the registered | & Registered Agent Registered Agent. You n.) agent are: | 's Signature: | dividual or |
| Fort Lauderdale ARTICLE III - Registered The Limited Liability Comanother business entity with | Agent, Registered Office, of pany cannot serve as its own an active Florida registration reet address of the registered | & Registered Agent: Registered Agent. You n.) agent are: Name | 's Signature: | dividual or |
| Fort Lauderdale ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, or pany cannot serve as its own an active Florida registration reet address of the registered Joshua E. Polsky, Esc. | & Registered Agent Registered Agent. You not be agent are: Name vd., Suite 1600 | 's Signature: ou must designate an ind | dividual or |
| Fort Lauderdale ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, opany cannot serve as its own an active Florida registration reet address of the registered Joshua E. Polsky, Escone | & Registered Agent Registered Agent. You not be agent are: Name vd., Suite 1600 | 's Signature: ou must designate an ind | dividual or |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

Page 1 of 2

| (Use attachment if necessary) ILE V: Effective date, if other than the date of filing: | " | Fitle: AMBR" = Authorized MGR" = Manager | Member | Name and Address: | | |
|---|----------|--|---|--|---|----------|
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | | | | | - |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: | | | | <u> </u> | | - |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: | _ | | | | | - |
| (Use attachment if necessary) PLE V: Effective date, if other than the date of filing: | | | | | | |
| (Use attachment if necessary) PLE V: Effective date, if other than the date of filing: | | | | | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | - | | | | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | | | | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | | | | | _ |
| REOUIRED SIGNATURE: REOUIRED SIGNATURE: | | | | | | • |
| REOUIRED SIGNATURE: REOUIRED SIGNATURE: | | | | | | • |
| ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be buseness's effective date on the Department of State's records. ELE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of 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. Jacy 14 Polsky Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional) | (1 | Use attachment if neces | ssary) | | | |
| Signature of a member of 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. Tactyn 11 Folsky 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) | | | | | ements, this date will no | ot be li |
| Signature of a member of 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. Jacly 14 Polsky 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) | um | nent's effective date on CVI: Other provisions, i | the Department of State' fany. | s records. | | ot be li |
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