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DEPARTMENT OF STATE
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AD 1. 2016

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: PSYChological Services of North Flordia, LL 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:
Rachelle H. Cantin Name of Person
Psychological Services of North Florida
2234 Monaghan Dr. Address
Tallahassel FL 32309 City/State and Zip Code dr. rachelle. Cantin @ of mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachelle Cantin at (810) 247-1407 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Try Unological Services of Worth Florida; (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:
Jallahassee FL 32309 Tallahassee FL 32309
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: Rachelle Country
Name 234 Wonashan Dr. Florida street address (P.O. Box NOT acceptable)
Talahasse FL 32309 = 55.
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
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	ame and Address:	
"AMBR" = Authorized Member "MGR" = Manager	0 1 11 0 .	
m GR	Rachelle Canto	
-	1234 Monaguan Dr.	
		
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(Use attachment if necessary)		
FICLE V: Effective date, if other than the date of filing: _ n effective date is listed, the date must be specific and c	annot be more than five business days prior to or 90	days aft
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