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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2016

JILL PRIEST
11332 ESTANCIA VILLA CIR. #6
JACKSONVILLE, FL 32246

SUBJECT: FOUNDATIONS PEDIATRICS ASSESSMENT AND TREATMENT
CENTER, LLC
Ref. Number: W16000035783

We have received your document for FOUNDATIONS PEDIATRICS
ASSESSMENT AND TREATMENT CENTER, LLC and your check(s) totaling
\$130.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the
mailing address of the entity. A post office box is not acceptable for the principal
office.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

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

Matthew T Moon
Regulatory Specialist II

Letter Number: 516A00010384

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foundations Pediatrics Assessment and Treatment center, 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:

Jill Priest

Name of Person

Firm/Company

11332 estancia villa cir #6

Address

Jacksonville, FL 32246

City/State and Zip Code

jpriest@gmail.com

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

For further information concerning this matter, please call:

Jill Priest

Name of Person

at

954

Area Code

895-3006

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

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foundations Pediatrics Assessment and Treatment Center, 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:

JP Principal Office Address: 11332 Estancia Villa Cir #6 Mailing Address:
PO Box 16188 11332 Estancia Villa Cir #6
Jacksonville, FL 32246 Jacksonville, FL 32246

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:

Jill Driest

Name

11332 Estancia Villa Cir #6

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32246

City

State

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.

Jill Driest

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jill Priest

1332 Estancia Villa Cir #6
Jacksonville FL 32246

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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:

Jill Priest

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.

Jill Priest

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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FLORIDA