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2016 SEP -6 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2016

DR. BRITTANY M. BEVILACQUA
DOCTOR B PSYCHOLOGY, PLLC
14502 N. DALE MABRY, SUITE 200
TAMPA, FL 33618

SUBJECT: DOCTOR B PSYCHOLOGY, PLLC
Ref. Number: W16000063241

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DOCTOR B PSYCHOLOGY, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 516A00019477

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INFORMATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Doctor B Psychology, PLLC
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. Brittany M. Bevilacqua

Name of Person

Doctor B Psychology, PLLC

Firm/Company

14502 N. Dale Mabry, Suite 200

Address

Tampa, FL 33618

City/State and Zip Code

doctorbpsychology@gmail.com

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

For further information concerning this matter, please call:

Dr. Brittany M. Bevilacqua 813 326-4898
at ()
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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Doctor B Psychology, PLLC

(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:

14502 N. Dale Mabry, Suite 200
Tampa, FL 33618

Mailing Address:

14502 N. Dale Mabry, Suite 200
Tampa, FL 33618

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:

Dr. Brittany M. Bevilacqua

Name

14502 N. Dale Mabry, Suite 200

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

Tampa FL 33618

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.

Brittany Bevilacqua
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Dr. Brittany M. Bevilacqua

14502 N. Dale Mabry, Suite 200

Tampa, FL 33618

(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.

This LLC is for a licensed psychologist business. Dr. Bevilacqua is a licensed Psychologist in the state of Florida and this is a private practice.

REQUIRED SIGNATURE:

Brittany Bevilacqua

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.

Dr. Brittany M. Bevilacqua

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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TALLAHASSEE, FLORIDA