

L16000231544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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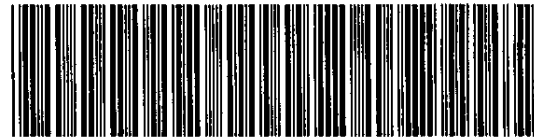
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

V HERRING  
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**DAVID P. JOHNSON**  
Attorney and Counselor at Law  
2201 Ringling Boulevard, Suite 104  
Sarasota, Florida 34237

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December 8, 2016

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

**RE: PSYKELLE, LLC – ARTICLES OF ORGANIZATION FILING**

The enclosed Articles of Organization for PSYKELLE, LLC, along with the filing fee in the amount of \$125.

Please return all correspondence concerning this matter to the following:

David P. Johnson, Esq.  
2201 Ringling Boulevard, Suite 104  
Sarasota, FL 34237

**E-mail address (to be used for future annual report notification):**  
**morgan.e.wallace@gmail.com**

Very truly yours,

  
DAVID P. JOHNSON

FILED

ARTICLES OF ORGANIZATION  
OF  
PSYKELLE, LLC

2016 DEC 23 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the limited liability company is PSYKELLE, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5445 Shadow Lawn Drive  
Sarasota, Florida 34242

Mailing Address:

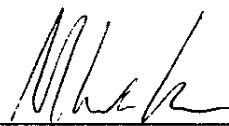
5445 Shadow Lawn Drive  
Sarasota, Florida 34242

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Morgan Wallace  
5445 Shadow Lawn Drive  
Sarasota, Florida 34242

*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.*

  
\_\_\_\_\_  
Morgan Wallace

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Morgan Wallace  
5445 Shadow Lawn Drive  
Sarasota, Florida 34242

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.

Morgan Wallace

\_\_\_\_\_  
Typed or printed name of signee

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