

Division of Corporations

To: 1067 From: 12143052508 Date: 09/18/2018 Time: 10:18 AM

L18 000 220 538

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000268896 3)))



H180002688963ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617 6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (344)386 0178
Fax Number : (214)317 4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BROWARD PSYCHOLOGICAL ASSESSMENT ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SEP 18 PM 3:11
ELECTRONIC FILING MENU

CORPORATE FILING MENU

HELP

FILED
18 SEP 18 AM 8:38
SECRETARY OF
TALLAHASSEE, FLORIDA

D O'KEEFE

SEP 19 2018

To: 18506176381 From: 12143052508 Date: 09/18/18 Time: 10:18 AM Page: 02/06
To: 12143174754 From: +Restricted Date: 09/17/18 Time: 6:41 AM Page: 01
850-617-6381 9/17/2018 9:41:14 AM PAGE 1/001 Fax Server



September 17, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALINC CORPORATE SERVICE INC

SUBJECT: BROWARD PSYCHOLOGICAL ASSESSMENT ASSOCIATES, LLC
REF: W18000082867

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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

Rochelle E Kemple
Regulatory Specialist II
New Filing Section

FAX Aud. #: H18000268896
Letter Number: 618A00019284

FILED
18 SEP 18 AM 9:38
SECRETARY
TALLAHASSEE, FLORIDA

((H18000268896 3))

**ARTICLES OF ORGANIZATION
OF
BROWARD PSYCHOLOGICAL ASSESSMENT ASSOCIATES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be
BROWARD PSYCHOLOGICAL ASSESSMENT ASSOCIATES, LLC ("Company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company shall be
1650 N.E. 26th Street
Suite 201
Wilton Manors, FL 33305

ARTICLE III -- DURATION

Perpetual. The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these Articles of Organization.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

Courtney Josephine Cantrell
1650 N.E. 26th Street
Suite 201
Wilton Manors, FL 33305

ARTICLE V -- CAPITAL CONTRIBUTIONS

Each member shall make capital contributions to the company as necessary from time to time, on the majority consent of all members.

ARTICLE VI -- ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the majority written consent of the members of the company and on such terms and conditions as shall be determined by majority consent of the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate

FILED
18 SEP 18 AM 8:39
TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY



((H18000268896 3))

in the management of the business and affairs of the company or become a member unless a majority of the other members of the company approve of the proposed transfer by written consent.

ARTICLE VII -- TERMINATION OF EXISTENCE

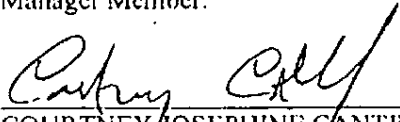
The company shall be dissolved on the death, bankruptcy, or dissolution of a manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of a majority of the remaining members, provided there are at least two remaining members.

ARTICLE VIII -- MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is Courtney Josephine Cantrell, 1650 N.E. 26th Street, Suite 201, Wilton Manors, FL 33305.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization in Ft. Lauderdale, FL on this 14 day of September, 2018.

Manager Member:


COURTNEY JOSEPHINE CANTRELL


FILED
18 SEP 18 AM 8:38
SECRETARY
TALLAHASSEE, FLORIDA


((H18000268896 3))

((H18000268896 3)))

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

Sworn to and subscribed before me this 14 day of September, 2018 by Courtney Josephine Cantrell, who is personally known to me or who has produced FL Drivers License as identification.


 JEZENIA GRINNELL
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG88703
Expires 9/21/2019



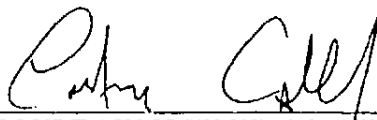
Notary Public
Jezenia Grinnell

Print, Type or Stamp
Commissioned Name of Notary Public

(SEAL)

 JEZENIA GRINNELL
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG88703
Expires 9/21/2019

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 608, F.S.



COURTNEY JOSEPHINE CANTRELL

FILED
18 SEP 18 AM 8:38
SECRETARY
TALLAHASSEE, FLORIDA

((H18000268896 3)))

((H18000268896 3)))

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
BROWARD PSYCHOLOGICAL ASSESSMENT ASSOCIATES, LLC.

2. The name and address of the registered agent and office is:

Courtney Josephine Cantrell
(NAME)

1650 N.E. 26th Street, Suite 201
(P.O. BOX NOT ACCEPTABLE)

Wilton Manors, FL 33305
(CITY/STATE/ZIP)

LED
18 SEP 18 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*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.*

Courtney Cantrell JMD
COURTNEY JOSEPHINE CANTRELL

9/14/2018
DATE

Filing Fee: \$35 for Designation of Registered Agent

((H18000268896 3)))