

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000005212
FILED 8:00 AM
January 03, 2019
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:
SWFL PSYCHIATRY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8229 PACIFIC BEACH DRIVE
FORT MYERS, FL. US 33966

The mailing address of the Limited Liability Company is:
8229 PACIFIC BEACH DRIVE
FORT MYERS, FL. US 33966

Article III

Other provisions, if any:
TO PROVIDE CONSULTING SERVICES TO MEDICAL FACILITIES,
ESPECIALLY PSYCHIATRIC WARDS AND HOSPITALS

Article IV

The name and Florida street address of the registered agent is:
BL CONSULTING
685 NE 126TH ST
NORTH MIAMI, FL. 33161

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.

Registered Agent Signature: NAOMI LERICHE

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM
PATRICK CHARLES
8229 PACIFIC BEACH DRIVE
FORT MYERS, FL. 33966 US

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Article VI

The effective date for this Limited Liability Company shall be:

12/31/2018

Signature of member or an authorized representative

Electronic Signature: PATRICK CHARLES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.