

L19000299581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

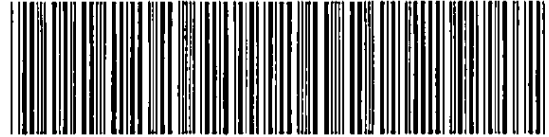
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400337983604

12/13/19--01004--015 **155.00

19 DEC 13 PM 1:35

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 DEC 13 PM 1:36

FILED

DEC 16 2019

Brumley

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/12/2019

xx CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

xx FILING

LLC

1. **LEWIS FAMILY PSYCHIATRY, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**Articles of Organization
For
Lewis Family Psychiatry, LLC**
Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is Lewis Family Psychiatry, LLC

ARTICLE II - Address:

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

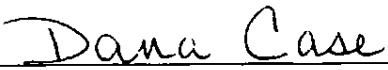
2646 Danforth Terrace
Wellington, FL 33414

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Legalinc Corporate Services Inc.
5237 Summerlin Commons
Suite 400
Fort Myers, FL 33907

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.



Dana Case, Manager

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Sara Ann Lewis
2646 Danforth Terrace
Wellington, FL 33414

William George Lewis
2646 Danforth Terrace
Wellington, FL 33414


Carri Brown, Organizer

FILED
2015 DEC 13 PM 1:36
TALLAHASSEE, FL