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Florida Department of State  
Division of Corporations  
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To:

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

Email Address: **Kanne83@gmail.com**

**FLORIDA LIMITED LIABILITY CO.**

**Kimberly Teitelbaum PMHNP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**ARTICLES OF ORGANIZATION  
FOR  
Kimberly Teitelbaum PMHNP, LLC  
A  
Florida Limited Liability Company**

FILED  
2020 SEP 28 PM 4:57

**ARTICLE I.  
Name**

The name of the Limited Liability Company is: Kimberly Teitelbaum PMHNP, LLC (the Company).

**ARTICLE II.  
Address**

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

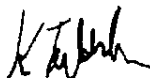
4703 NW 53<sup>rd</sup> Avenue  
A-2  
Gainesville, Florida 32653

**ARTICLE III.  
Registered Agent, Registered office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Kimberly Teitelbaum  
4037 NW 53<sup>rd</sup> Avenue  
A-2  
Gainesville, Florida 32653

*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.*



(sign)

Kimberly Teitelbaum

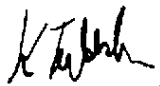
**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Kimberly Teitelbaum 4703 NW 53 <sup>rd</sup> Avenue A-2 Gainesville, Florida 32653

**ARTICLE V.**

The Effective date shall be the date of filing.

 (sign)

**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.

\_\_\_\_\_  
Kimberly Teitelbaum  
Authorized Representative/Member