

4/6/2021

Division of Corporations

Florida Department of State

Division of Corporations

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Email Address: William@Homsilaw.com

FLORIDA LIMITED LIABILITY CO. PSYCHIATRY & PSYCHOTHERAPY, PLLC

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ARTICLES OF ORGANIZATION

FOR

PSYCHIATRY & PSYCHOTHERAPY, PLLC

The undersigned, for the purpose of forming a Florida Professional Service Limited Liability Company under the Florida Professional Service Limited Liability Company Act, Florida Statutes Chapter 621, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I

The name of the Professional Service Limited Liability Company is:

PSYCHIATRY & PSYCHOTHERAPY, PLLC

ARTICLE II

The street address of the principal office of the Professional Service Limited Liability Company is:

127 W. FAIRBANKS AVE., SUITE 520
WINTER PARK, FLORIDA 32789

The mailing address of the Professional Service Limited Liability Company is:

127 W. FAIRBANKS AVE., SUITE 520
WINTER PARK, FLORIDA 32789

ARTICLE III

The purpose for which this Professional Service Limited Liability Company is organized is to engage in psychiatry and psychotherapy services.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR -6 AM 11:07

H
HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.HomsiLaw.com

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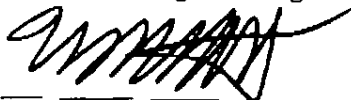
ARTICLE V

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

HOMSI LAW, P.A.
8815 CONROY-WINDERMERE ROAD
#402
ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:



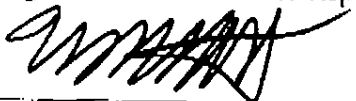
William M. Homs, President

The Members hereby delegate the management of the PLLC to Manager(s).
The name and address of persons(s) authorized to manage the PLLC:

Operating Manager: DR. DAVID PUDER

Address of the Managers and Officers being the same as the Principal Address of the PLLC.

Signature of an Authorized Representative:



William M. Homs, Esq.

I am an authorized representative of the members 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 PLLC and every year thereafter to maintain active status.

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