

L21000336000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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21 JUN 16 PM 12:43
TALLAHASSEE, FLORIDA

W21-14929



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2021

THOMAS JEFFERY REVISED LETTER
JEFFERY MENTAL HEALTH
746 SPLIT FORK DR.
OLDSMAR, FL 34677

SUBJECT: JEFFERY MENTAL HEALTH P.L.L.C.
Ref. Number: W21000014929

2021 JUN 16 PM 2:05

We have received your document for JEFFERY MENTAL HEALTH P.L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000231806.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 221A00002757

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21 JUN 16 PM 12:43
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jeffery Mental Health Care
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Jeffery
Name of Person
Jeffery mental health care
Firm/Company
1746 Split Fork Dr.
Address
Oldsmar, FL, 34677
City/State and Zip Code
ty TJefferyFL@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Jeffery at 330 858-6832
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jeffery mental health ~~Care P.L.L.C.~~
~~P.L.L.C.~~

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1746 split fork Dr.
Oldsmar, FL 34677

Mailing Address:

1746 split fork Dr.
Oldsmar, FL 34677

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michelle Swanson
Name

785 Dunbar Ave
Florida street address (P.O. Box NOT acceptable)

Oldsmar FL 34677
City State Zip

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.

Michelle Swanson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Thomas Jeffery
1744 Split for 1st dr
Oldsmar, FL 34677

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21 JUN 16 PM 12:43
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

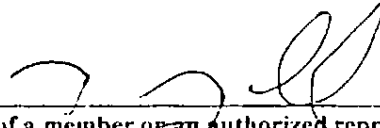
ARTICLE V: Effective date, if other than the date of filing: Jan 9 2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Thomas Jeffery

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Jeffery Mental Health

1746 Split Fork Dr.
Oldsmar, FL, 34677
(330)858-6832
jefferymentalhealth@gmail.com

February 21, 2021

Florida Department of State
Division of Corporations

Dear sirs,

The specific purpose of entity is to provide psychiatric/mental health treatment/services to clients suffering from psychiatric/mental health symptoms. These services are provided by Thomas Jeffery Psychiatric Mental Health Nurse Practitioner- Board Certified via Jeffery Mental Health PLLC^D *care P.L.L.C.*

Sincerely,



Thomas Jeffery PMHNP-BC

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