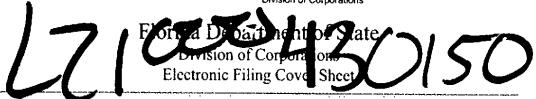
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

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FLORIDA LIMITED LIABILITY CO.

ZenzyTalk, PLLC

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COVER LETTER

Thursday, September 30, 2021

To: New Filing Section
Division of Corporation

Subject: ZENZYTALK, PLLC

Name of Professional 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:

FL Patel Law PLLC 360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail: Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

ZENZYTALK, PLLC

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Professional Limited Liability Company is: ZenzyTalk, PLLC (the "Company").

ARTICLE II. Address

The principal office of the Company is:

7157 Narcoossee Road #1040 Orlando, Fl 32822

The mailing address of the Company is:

12049 Pioneers Way Apt 2414 Orlando, FL 32832

<u>ARTICLE III.</u>

Registered Agent, Registered Office, & Registered Agent's Signature

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

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

Having been named as Registered Agent and to accept service of process for the above stated Professional 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.

apter 605, F.S. Ada Reyes

FLP RA Services LLC

17278881294

ARTICLE IV.

Area of Practice

The area of professional service of the Company is limited to the practice of Psychiatric Services.

ARTICLE V. **Authorized Members and Managers**

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

<u>Title</u>	Name and Address	
AMBR = Authorized Member MGR = Manager		
MGR	Jake Hernandez 7157 Narcoossee Road #1040 Orlando, FL 32822	

ARTICLE VI.			
The Effective date shall be the date of filing.	15.	2021 OCT -1	
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.		AH 9: 10	
Jake Hernandez Authorized Representative/Member			