

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L22000245875
FILED 8:00 AM
May 26, 2022
Sec. Of State
sprather**

Article I

The name of the Limited Liability Company is:
SHIFT POINT PSYCHOLOGY, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
901 H ST
STE 120 PMB 78
SACRAMENTO, CA. US 95814

The mailing address of the Limited Liability Company is:
901 H ST
STE 120 PMB 78
SACRAMENTO, CA. US 95814

Article III

Other provisions, if any:

THIS PLLC IS FORMED FOR THE PURPOSE OF PROVIDING
PROFESSIONAL PSYCHOLOGICAL SERVICES BY LICENSED
PSYCHOLOGIST DR. EMILY SMITH (FLORIDA LICENSE PY1142 AND
NPI 1598401739).

Article IV

The name and Florida street address of the registered agent is:
INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL. 33470

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.

Registered Agent Signature: JANICE NULL

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
EMILY SMITH
901 H ST, STE 120 PMB 78
SACRAMENTO, CA. 95814 US

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Signature of member or an authorized representative

Electronic Signature: EMILY SMITH

I am the member or authorized representative 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 LLC and every year thereafter to maintain "active" status.