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 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.****

Email Address: Support@flpatellaw.com

FLORIDA LIMITED LIABILITY CO.
Integral Psychiatry and Wellness PLLC

Certificate of Status	F. W. I. Esc.
Certified Copy	0
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 FLORIDA
 DEPARTMENT OF STATE

22 SEP 23 PM 12:35

OK



COVER LETTER

Thursday, September 22, 2022

To: New Filing Section
Division of Corporation

Subject:
INTEGRAL PSYCHIATRY AND WELLNESS 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

FLORIDA	Integral Psychiatry and Wellness PLLC
Certificate of Status	
Certificate Copy	
Corporate Seal	
Estimated Charge	\$130.00

FL Patel Law PLLC

FLORIDA	Integral Psychiatry and Wellness PLLC
Certificate of Status	
Certificate Copy	
Corporate Seal	
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION
FOR
INTEGRAL PSYCHIATRY AND WELLNESS PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Professional Limited Liability Company is: Integral Psychiatry and Wellness PLLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

9200 NW 39TH Avenue
Ste 130-3413
Gainesville, FL 32606

ARTICLE III.
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.

Jamie Primeau

(sign)

FLP RA Services LLC

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STATE OF FLORIDA

ARTICLE IV.
Area of Practice

The area of professional service of the Company is limited to the Practice of Psychotherapy.

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>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Rachelle L. Sansing 9200 NW 39TH Avenue Ste 130-3413 Gainesville, FL 32606

ARTICLE VI.

The Effective date shall be the date of filing.

Rachelle L. Sansing

(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.

Rachelle L. Sansing

Authorized Representative/Member

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TALLAHASSEE, FLORIDA