

L22000507689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

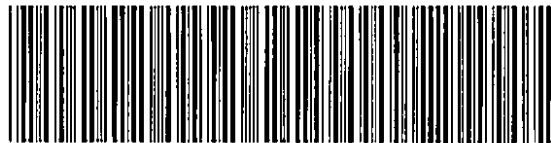
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 DEC -6 PM 6:53

2022 DEC -6 AM 10:11

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12/06/2022

****WALK IN****

ENTITY NAME INTEGRATIVE WELLNESS NURSE PRACTITIONER IN PSYCHIATRY PLLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 155

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Heyppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION
OF
INTEGRATIVE WELLNESS NURSE PRACTITIONER IN PSYCHIATRY PLLC**

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ARTICLE I: NAME

The name of the limited liability company is Integrative Wellness Nurse Practitioner in Psychiatry PLLC (the "PLLC").

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the PLLC is 157 East 86th Street, Suite 5, New York, New York 10028.

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

United Corporate Services, Inc.

3458 Lakeshore Drive

Tallahassee, Florida 32312

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

Michael A Barr, President

[REGISTERED AGENT'S SIGNATURE]

ARTICLE IV: EFFECTIVE DATE AND TIME

The effective date and time of these Articles of Organization shall be the date and time that these Articles of Organization are filed with the Florida Department of State, Division of Corporations.

ARTICLE V: PURPOSE

The PLLC is being formed for the practice of the profession of Nurse Practitioner in Psychiatry.

ARTICLE VI: DURATION

The PLLC is formed for an indefinite duration.

ARTICLE VII: MEMBERS

The name and address of each person authorized to manage and control the PLLC:

Title:

Name and Address:

Authorized Member

Evan Rochaste

157 East 86th Street, Suite 5

New York, NY 10028

Evans Rochaste / UM

[SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER]

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.

Evans Rochaste / UM

Evan Rochaste, Authorized Member

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