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**Division of Corporations**  
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To:

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Account Name : FL PATEL LAW PLLC  
 Account Number : 120170000097  
 Phone : (727) 279-5037  
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**FLORIDA LIMITED LIABILITY CO.**

**Soho Integrative Psychological Services PLLC**

Certificate of Status	1
Certified Copy	0
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2023 JAN 11 PM 4:43

23 JAN 11 PM 12:35

**ARTICLES OF ORGANIZATION  
FOR  
SOHO INTEGRATIVE PSYCHOLOGICAL SERVICES PLLC  
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.  
Name**

The name of the Professional Limited Liability Company is: Soho Integrative Psychological Services PLLC (the "**Company**").

**ARTICLE II.  
Address**

The principal office and mailing address of the Company is:

433 Central Avenue 2nd Floor  
Petersburg, Florida 33701

**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.*

Vishwa S Nandu (sign)  
FLP RA Services LLC

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**ARTICLE IV.**  
**Area of Practice**

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

**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>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Sera Lavelle 433 Central Avenue 2nd Floor Petersburg, Florida 33701

**ARTICLE VI.**

The Effective date shall be the date of filing.

  
\_\_\_\_\_ (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.

\_\_\_\_\_  
Sera Lavelle  
Authorized Representative/Member

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