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Florida Department of State
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: trishmo94@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.

Therapy with Trisha PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
FOR
THERAPY WITH TRISHA PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.
Name**

The name of the Professional Limited Liability Company is: Therapy with Trisha PLLC (the "Company").

**ARTICLE II.
Address**

The principal office and mailing address of the Company is:

8570 Stirling Rd, STE 102-105
Hollywood, Florida 33024

**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.

Vishva 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 mental health practice.

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>	Trisha Modzelewski 8570 Stirling Rd, STE 102-105 Hollywood, Florida 33024

ARTICLE VI.

The Effective date shall be the date of filing.

Trisha Modzelewski (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.

Trisha Modzelewski
Authorized Representative/Member

DEPARTMENT OF STATE
TALLAHASSEE, FL

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