

3/22/2023 3:59 PM
L230000² 07730 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PPmanques03@gmail.com

RECEIVED
2023 APR 26 PM 4:45
DIVISION OF CORPORATIONS
MEDICAL BILLING CONSULTANTS, INC.

FLORIDA PROFIT/NON PROFIT CORPORATION
PSIA BEHAVIOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

23 APR 26 PM 12:35
FILED
TALLAHASSEE, FLORIDA

850-617-6381

4/24/2023 12:07:02 PM PAGE 1/001 Fax Server



April 24, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MEDICAL BILLING CONSULTANTS, INC.

SUBJECT: PSIA BEHAVIOR LLC

REF: W23000059317

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

If you have any further questions concerning your document, please call (850) 245-6919.

Monique K Anderson
Regulatory Specialist II
New Filing Sections

FAX Aud. #: H23000109064
Letter Number: 223A00009089

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 APR 26 PM 12: 35

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PSIA BEHAVIOR LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

8000 WEST DR APT 215
NORTH BAY VILLAGE, FL 33141

8000 WEST DR APT 215
NORTH BAY VILLAGE, FL 33141

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PENELOPE MORAGUES

Name

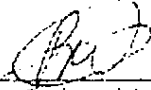
8000 WEST DR APT 215

Florida street address (P.O. Box NOT acceptable)

NORTH BAY VILLAGE FLORIDA 33141

City State Zip

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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

PENELOPE MORAGUES

8000 WEST DR APT 215

NORTE BAY VILLAGE FL 33141

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

PENELOPE MORAGUES

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)