

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000340870
FILED 8:00 AM
July 19, 2023
Sec. Of State
cshightower

Article I

The name of the Limited Liability Company is:

UP PSYCHIATRY, PLLC

Article II

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

382 NE 191ST ST #848652
MIAMI, FL. US 33179

The mailing address of the Limited Liability Company is:

382 NE 191ST ST #848652
MIAMI, FL. US 33179

Article III

Other provisions, if any:

THE SOLE AND SPECIFIC PURPOSE FOR WHICH THE PROFESSIONAL
LLC IS ORGANIZED IS TO RENDER THE PROFESSIONAL SERVICE OF
HEALTHCARE.

Article IV

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

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL. 32202

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.

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
IAN M MATTHEWS
382 NE 191ST ST #848652
MIAMI, FL. 33179 US

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Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.