

8/7/23, 12:03 PM

Division of Corporations

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.
THE FLORIDA CENTER FOR PSYCHIATRIC SERVICES, PLLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
THE FLORIDA CENTER FOR PSYCHIATRIC SERVICES, PLLC**

**ARTICLE I
NAME**

The name of the Professional Limited Liability Company is: The Florida Center for Psychiatric Services, PLLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Professional Limited Liability Company is: 13800 Tech City Circle, Suite 322, Alachua, FL 32615.

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

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

C T Corporation System

1200 S Pine Island Rd #250

Plantation, FL 33324-0000

SECRETARY
KATHERINE SCHNEIDER
FALLAHASSETT, LLC

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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.

Katherine Schneider

Katherine Schneider, Asst. Secretary

Registered Agent's Signature

ARTICLE IV PURPOSE

The purpose and business of the Professional Limited Liability Company is to engage in the provision of professional medical services and any other related lawful activity for which professional limited liability companies may be organized under Chapter 605 and Chapter 621 of the Florida Statutes.

ARTICLE V AUTHORIZED MEMBER

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	Oliver Loyd 1271 6th Ave, New York, NY 10020

REQUIRED SIGNATURE:

/s/ Oliver Loyd
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b) of the 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 of the Florida Statutes.

Oliver Loyd
Typed or printed name of signee