

L23000444353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

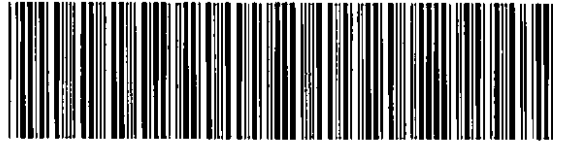
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
2023 SEP 26 PM 4:39
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

2023 SEP 26 PM 5:10

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please remove payment from account I20210000160: \$125.00_

Authorization Signature: 

LAKE WORTH PSYCHIATRY LLC

BUSINESS

#DOC

 Certified copy of Articles of Organization

 Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Officer/Director
- X Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

AMENDMENTS

- Amendment
- Resignation of R.A.
- Articles of Dissolution
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Correction

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTILLE:

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- OTHER

EXAMINER'S INITIALS:

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Lake Worth Psychiatry LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerardo Rodriguez-Albizu, Esq.

Name of Person

Rodriguez-Albizu Law, P.A.

Firm/Company

759 SW Federal Highway, Suite 321

Address

Stuart, FL 34994

City/State and Zip Code

grodriguez@ralawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerardo Rodriguez-Albizu, Esq. 772 261-5080
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lake Worth Psychiatry 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:

6894 Lake Worth Road

Suite 201

Lake Worth, FL 33467

7887 Blue Sage Way

Parkland, FL 33076

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:

Rodriguez-Albizu Law, P.A.

Name

759 SW Federal Highway, Suite 321

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

Stuart

FL

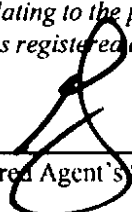
34994

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Richard Phelps

6894 Lake Worth Road, Suite 201

Lake Worth, FL 33467

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 20, 2023. (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.

Gerardo Rodriguez-Albizu, Esq.

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)

2023 Sep 20 PM 5:13