

12/17/24, 11:01 AM

**L24 000522637**

Florida Department of State

Division of Corporations

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Curect Neuropsychology of Florida, P.L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cirect Neuropsychology of Florida, P.L.L.C.

(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:**

11900 Biscayne Blvd.  
North Miami, Florida, 33181

**Mailing Address:**

153 Dosoris Ln.  
Glen Cove, NY 11542

**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:

Vcorp Agent Services, Inc  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)

<u>Plantation</u>	<u>FL</u>	<u>33324</u>
City	State	Zip

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*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.*

/s/Taylor Lolya

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

AMBR

Dr. Elina Kugel

11900 Biscayne Blvd, North Miami, Florida, 33181

AMBR

Dr. Adam Daniel Barkey

11900 Biscayne Blvd, North Miami, Florida, 33181

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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**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:

The specific nature of business of the professional limited liability is Neuropsychology

\_\_\_\_\_

**REQUIRED SIGNATURE:**

/s/ Dr. Elina Kugel

**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.

Dr. Elina Kugel

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)