

L99000000390

Rachel Mayer
Requestor's Name
104 N. Onion Ave.
Address
Clearwater, FL 33765
City/State/Zip
727-441-1194
Phone #

FILED
99 JAN 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Timothy Foster, Ph.D., L.C. L99-390
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Name _____
Availability _____
Document Examiner _____
Updater _____
Verifier _____
Acknowledgment _____
W. P. Verifier _____

- ☒ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

pick up
Monday

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****285.00 ****285.00

99 JAN 21 PM 4:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials



TIMOTHY D. FOSTER, Ph.D.
LICENSED PSYCHOLOGIST PY002203
DIPLOMATE, AMERICAN BOARD OF DISABILITY ANALYSTS

January 19, 1999

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99 JAN 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
State of Florida
Division of Corporations
Tallahassee, FL 32301

Dear Sirs:

Please be advised that I hereby release and authorize your department to file the documents known as, "Timothy Foster, Ph.D., LC.

I have previously filed Timothy Foster, PA and consent to the use of the similar name by the herein named entity.

Sincerely,

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLES I - Name:

The name of the Limited Liability Company is:

Timothy Foster, Ph.D., L.C.

ARTICLES II - Address:

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

2189 Cleveland St.
Suite 210
Clearwater, FL 33765

ARTICLES III - Duration:

The period of duration for the Limited Liability Company shall be:

30 Years

ARTICLES IV - Management:
(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the names(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the names(s) and address(es) of the managing member(s) is/are:

Tim Foster, Ph.D.

2189 Cleveland St. Ste. 210

Clearwater, FL 33765

ARTICLES V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

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TALLAHASSEE, FLORIDA

ARTICLE VI-Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of

Timothy Foster, Ph.D., L.C. deposes and says:

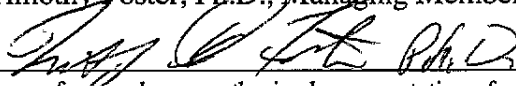
1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is \$ 100.00

3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0. A description of the property is attached and made a part hereof.

4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 100.00. This total includes amounts from 2 and 3 above.

Timothy Foster, Ph.D., Managing Member



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes as affirmation under the penalties of perjury that the facts stated herein are true.

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGIS-
TERED AGENT, IN THE STATE OF FLORIDA.**

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TALLAHASSEE, FLORIDA

1. The name of the limited liability company is:

Timothy Foster, Ph.D., L.C.

2. The name and address of the registered agent and office is :

Timothy Foster, Ph.D.

Name

2189 Cleveland St. # 210

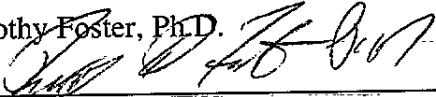
(P.O. Box not acceptable)

Clearwater FL 33765

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.

Timothy Foster, Ph.D.



(Signature)

1/19/99

(Date)