

M24000007043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

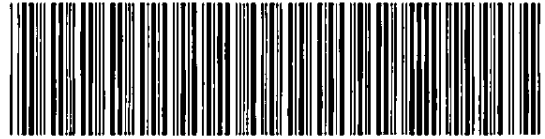
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000429324420

05/14/24 - 01000-020 **130.00

RECEIVED

MAY 13 2024



STATE
HALLIMSBEE, FL

2024 MAY 13 PM 5:45

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Psychiatric and Addiction Centered Medicine, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chasity Butler
Name of Person

Psychiatric and Addiction Centered Medicine, LLC
Firm/Company

801 W Main Street, Suite A
Address

Stigler, OK 74462
City/State and Zip Code

psychiatricandaddiction@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chasity Butler at (870) 834-6140
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Psychiatric and Addiction Centered Medicine, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Psychiatric & Addiction Center Medicine, Limited Liability Company
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Oklahoma 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 801 W Main Street, Suite A 6. 801 W Main Street, Suite A
(Street Address of Principal Office) (Mailing Address)

Stigler, OK 74462 Stigler, OK 74462

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

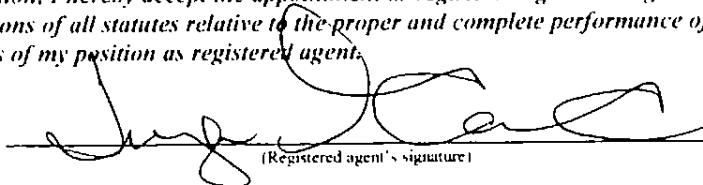
Name: Tonya Gardner

Office Address: 834 Bryson Loop

Lakeland, Florida 33809
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative 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's signature)

FILED
2024 MAY 13 PM 5:45
CLERK OF STATE
TALLAHASSEE, FL

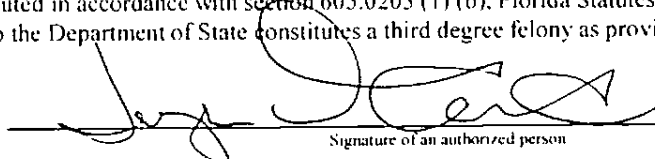
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Chasity Butler</u>	<input type="checkbox"/> Manager	Name: <u>Tonya Gardner</u>
<input type="checkbox"/> Member	Address: <u>801 W Main Street, Suite A</u>	<input type="checkbox"/> Member	Address: <u>834 Bryson Loop</u>
<input type="checkbox"/> Authorized	<u>Stigler, OK 74462</u>	<input checked="" type="checkbox"/> Authorized	<u>Lakeland, FL 33809</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Tonya Gardner

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE
OF
LIMITED LIABILITY COMPANY**

WHEREAS, the Articles of Organization of

PSYCHIATRIC AND ADDICTION CENTERED MEDICINE, LLC

an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
8th day of January, 2024.*

A handwritten signature in black ink, appearing to read "J. C. [unclear]", is written over a horizontal line.

Secretary of State

OKLAHOMA Secretary of State Electronic Filing

ARTICLES OF ORGANIZATION

DOMESTIC LIMITED LIABILITY COMPANY

Document Number: 63502010002 Submit Date: 1/8/2024

LIMITED LIABILITY COMPANY NAME

The name of the Limited Liability Company is:
PSYCHIATRIC AND ADDICTION CENTERED MEDICINE, LLC

PRINCIPAL PLACE OF BUSINESS ADDRESS

801 W. MAIN STREET, STE A
STIGLER, OK 74462 USA

Email - BRIDGETFTL@GMAIL.COM

EFFECTIVE DATE

Effective Date:
Same as filing date.

DURATION

Perpetual

REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Agent Name
CHASITY BUTLER

Address
801 W MAIN STREET, STE A
STIGLER, OK 74462 USA

ATTACHMENTS

File Label

File Name and Path

SIGNATURE

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and by attaching the signature I agree and understand that the typed electronic signature shall have the same legal effect as an original signature and is being accepted as my original signature pursuant to the Oklahoma Uniform Electronic Transactions Act, Title 12A Okla. Statutes Section 15-101, et seq.

Dated - 1/8/2024

Signature Names
CHASITY BUTLER

[End Of Image]