

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L24000349468  
FILED 8:00 AM  
August 09, 2024  
Sec. Of State  
cgolden

**Article I**

The name of the Limited Liability Company is:  
OPEN HANDS PSYCHIATRY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1042 MCCORMICK DR  
DELTONA, FL. 32725

The mailing address of the Limited Liability Company is:  
1042 MCCORMICK DR  
DELTONA, FL. 32725

**Article III**

Other provisions, if any:  
PSYCHIATRIC AND HEALTH SERVICES.

**Article IV**

The name and Florida street address of the registered agent is:  
ALICIA CREWS  
1042 MCCORMICK DR  
DELTONA, FL. 32725

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.

Registered Agent Signature: ALICIA CREWS

## Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM  
ALICIA CREWS  
1042 MCCORMICK DR  
DELTONA, FL. 32725

Title: MGR  
COREY CREWS  
1042 MCCORMICK DR  
DELTONA, FL. 32725

Signature of member or an authorized representative

Electronic Signature: ALICIA CREWS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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