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2010-03-11 16:03:38 PST

17233890858 From: Sheila Dang

DIVISION OF CORPORATIONS

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
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Phone : (323)962-8600
Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
National Addiction Solutions of Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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EXAMINER

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2010-03-11 18:08:38 PST

1323880058 From: Sheila Dang

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Addiction Solutions of Florida, 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:

Sheila Dang
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Ste. 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Moran at (323) 982-8600 ext. 529
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee.
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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13233890658 From: Sheila Dang

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Addiction Solutions of Florida, LLC

(Must end with 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:

2054 Rainbow Drive
Clearwater, FL 33765

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TALLAHASSEE, FLORIDA

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:

Wanda JoAnn Peduzzi

Name

2054 Rainbow Drive

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

Clearwater

FL

33765

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 608, F.S.


Registered Agent's Signature Wanda JoAnn Peduzzi

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Andrew Jason Peduzzi

2054 Rainbow Drive

Clearwater, FL 33765

MGRM

Katina Ann Peduzzi

2054 Rainbow Drive

Clearwater, FL 33765

MGRM

Devon Andrew Peduzzi

2054 Rainbow Drive

Clearwater, FL 33765

MGRM

Angela JoAnn Shope

2054 Rainbow Drive

Clearwater, FL 33765

(Use attachment if necessary)

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.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sheila Dang, Legalzoom.com, Inc.

Typed or printed name of signer

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)

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Attachment to
Articles of Organization for
National Addiction Solutions of Florida, LLC

Additional members of the Limited Liability Company are:

<u>Name of Member</u>	<u>Address</u>
Jeffery Lewis Shope	2054 Rainbow Drive, Clearwater, FL 33765
Alexandria Jocelyn Shope	2054 Rainbow Drive, Clearwater, FL 33765
Montella Jeffery Shope	2054 Rainbow Drive, Clearwater, FL 33765
Alfred Peduzzi III	2054 Rainbow Drive, Clearwater, FL 33765
Wanda JoAnn Peduzzi	2054 Rainbow Drive, Clearwater, FL 33765

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