

Division of Corporations

L15000214193

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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) 617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****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.
TRUE RECOVERY TREATMENT, LLC**

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

15 SEP -4 PM 12:08

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUE RECOVERY TREATMENT, 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:

Sharon K. Gray

Name of Person

Triad Professional Services, LLC

Firm/Company

1720 Windward Concourse, Ste. 390

Address

Alpharetta, GA 30005

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Gray

770

777-2091

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA

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SEP/03/2015/THU 06:07 AM Donald H Hazelton PC FAX No. 1 516 742 4080

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ARTICLES OF ORGANIZATION

OF

TRUE RECOVERY TREATMENT, LLC

The undersigned Member, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

True Recovery Treatment, LLC

ARTICLE II -Address:

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

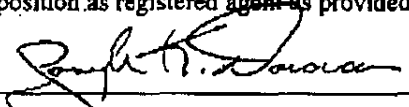
3314 Southern Cay Drive
Jupiter, FL 33477

ARTICLE III -Registered Agent and Registered Office:

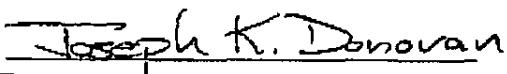
The name and the Florida street address of the initial registered agent are:

Joseph K. Donovan
3314 Southern Cay Drive
Jupiter, FL 33477

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 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, Florida Statutes.



Signature of Registered Agent



Typed or printed name of signee

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FAX No. 1 516 742 4080

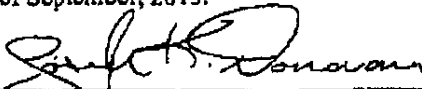
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ARTICLE IV --Members

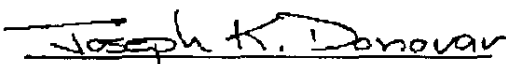
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
Authorized Member	Joseph K. Donovan 3314 Southern Cay Drive Jupiter, FL 33477
Authorized Member	John Fowlds, Jr. 932 Shore Drive North Palm Beach, FL 33408

IN WITNESS WHEREOF, I have signed these Articles of Organization as a Member and acknowledge them to be my act this 3rd day of September, 2015.


Signature of a Member

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)


Typed or printed name of Member

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