Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6380

From:

To:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Ema11	Address:		
			

MERGER OR SHARE EXCHANGE COMMUNITY PSYCHIATRY MANAGEMENT, LLC

<i>Естининининининининининининининининининин</i>	ananimuminimi
Certificate of Status	0
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850-617-6381

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June 2, 2021

FLORIDA DEPARTMENT OF STATE

MINDPATH CARE CENTERS, FLORIDA, LLC 5003 S. MIAMI BLVD DURHAM, NC 27703US

SUBJECT: MINDPATH CARE CENTERS, FLORIDA, LLC

REF: L20000291106

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As a condition of a merger, pursuant to s.605.0212(8) and/or s.607.1622 (8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

FAX Aud. #: H21000217983 Letter Number: 621A00011859

COVER LETTER

H21000217983 3

TO:	Amendment Section Division of Corporations							
		ment, LLC						
SUBJ	UBJECT: Community Psychiatry Management, LLC Name of Surviving Party							
The c	enclosed Certificate of Merger and fee(s)) are submitted for f	filing.					
	e return all correspondence concerning t							
	1							
Victo	ria A. Labriola							
	Contact Person		_					
Comi	munity Psychiatry							
	Firm/Company	<u></u>	-					
3835	N. Freeway Blvd, Suite 100							
	Address							
Sacra	amento, California 95834							
	City, State and Zip C	ode	_					
VI ab	oriola@cpsych.com							
VLau	E-mail address: (to be used for future	annual report notifi	ication)					
	25		,					
For fi	urther information concerning this matte	er, please call:						
Victo	ria A. Labriola	978 at (708-0181					
	Name of Contact Person	Area Code						
	Certified copy (optional) \$30,00							
STREET ADDRESS:		MAIL	ING ADDRESS:					
	ndment Section	Amendment Section						
	ion of Corporations		Division of Corporations					
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314						
	hassee, FL 32301	i aliqua	111 JEST					

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

H21000217983 3

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ics) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name

MindPath Care Centers, Florida, LLC

Florida

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

Name

Jurisdiction

Form/Entity Type

Limited liability company

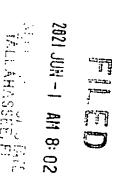
SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

Name

Delaware

Limited liability Company

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).



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<u>FOUR</u>	TH: Please check one of the b	ooxes that a	pply to surviving cr	tity: (if applicable)	H2100	0217983 3		
	This entity exists before the mare attached.	erger and is	s a domestic filing e	ntity, the amendment	, if any to its pub	lic organic record		
	This entity is created by the m	erger and is	s a domestic filing c	ntity, the public organ	tic record is attac	ched.		
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.							
Ø	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:							
	3835 N. Freeway Blvd., Suite	100, Sacra	mento, California 9	5834	.			
	1: This entity agrees to pay any		rith appraisal rights	the amount, to which	members are ent	itled under		
ss.605.	1006 and 605,1061-605,1072.1	F.S.						
	4: If other than the date of filinfer the date this document is fil				nnot be prior to r	or more than 90		
-		•						
	If the date inserted in this block document's effective date on the				ments, this date	will not be listed		
<u>SEVE</u>	NTH: Signature(s) for Each Pa	irty:			Timadas	Deintad		
Name	of Entity/Organization:		Signature(s)			Typed or Printed Name of Individual:		
MindP	ath Care Centers, Florida, LLC		Christoper brougers		Christopher B	Christopher Brengard		
Community Psychiatry Management, LLC			Christian trouge &		Christopher B	Christopher Brengard		
Corpor	ations:		n, Vice Chairman, I	President or Officer mature of incorporato	r ;			
General partnerships: Signature Florida Limited Partnerships: Signature		e of a general partn	er or authorized perso					
		es of all general par						
	forida Limited Partnerships: d Liability Companies:	_	e of a general partne c of an authorized p					
Fees:	For each Limited Liability Company:		\$25,00	· · · · · · · · · · · · · · · · · · ·		\$35,00		
	For each Limited Partnership:		\$52.50 \$35.00	For each General		\$25.00 \$20.00		
	For each Other Business Entit	V:	\$25,00	Certified Copy (opnonal):	\$30.00		