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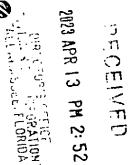


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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	Addicti Name of Lin	On ASSOCIOTES nited Liability Company	Institute, PLLC.
The enclosed Articles of	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	Leax-Aa	Name of Person	·
		he Henlilaw firn Firm/Company	1
		29 Sw 74th	
	<u>ll</u>	IAMI FL 331; ity/State and Zip Code	55
	EVELYNED THEM E-mail address: (to be used	1601. ICLW Firni. On for future annual report notificati	on)
For further information co	oncerning this matter, please	eall:	
L	lax Adams.	305, 444 30	484
Nan	ne of Person Ai	rea Code Daytime Telephon	e Number
Enclosed is a check for t	the following amount:		
_ (□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	LI\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Co	Sociates Institute, PLLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
川りDompano Beach Blvd 世で12 Ponipana Beach FL 33062	HODOMPOND BEAUT Blud HOD POMPAND BLUCK FL 330202
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
The Law office	es of Lax A. Adams ESQ PLLC
Name	
7929 Sw 74+	n CT 75+ FL
Florida street address (P.O. Box	(<u>NOT</u> acceptable)
Miam, F	Zip 73155
City State	Zip
Having been named as registered agent and to accept service of procesolace designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the provision of my position as registere manufactures and accept the obligations of my position as registere	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I
Registered Agent	's Signature (REQUIRED)
(CONTI	

"MGR" = Manager Addiction Partners PLL C VII All Pampano Reach Rvel M(al2) Pompano Reach Rvel M(al2) Po	"MGR" = Manager MGR. Addiction Partners PLLC III N. Pampano Beach Rivel Hoo Pampano Beach FC 33.06.2 Addiction Consultants PLLC III M. Pampano Beach Government Pampano Beach FC 33.06.2 OPTIONAL effective date is listed, the date must be specific and cannot be more than five business days prior to onte of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be be perfective date on the Department of State's records. CLE VI. Other provisions if any Addiction Partners PLLC III N. Pampano Beach FL State Pompano Beach FC 33.06.2 It the date inserted in this block does not meet the applicable statutory filing requirements, this date will be be perfective date on the Department of State's records.	R" = Manager 【 (つ 12.	Addiction Partners PLLC
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