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8/10/95

David Javits
Requestor's Name
2030 NE 1103 St. #1300
Address
North Miami Beach FL 33142
City State Zip Phone
944-9100

VALIDATION ONLY

95 AUG -3 12:10:50

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 AUG -3 12:01

FILED

CORPORATION(S) NAME

600001553006
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****285.00 ****285.00

ALTERNATIVE BEHAVIORAL HEALTHCARE, L.C.

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|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership L.C. | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

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| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

CR2E031 (R8-85)

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MPRE Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR
ALTERNATIVE BEHAVIORAL HEALTHCARE, L.C.
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALTERNATIVE BEHAVIORAL HEALTHCARE, L.C.

Article II - Address:

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

7500 S.W. 8TH STREET
SUITE 204
MIAMI, FL. 33144

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the names and addresses of the managing member(s):

Eduardo Ragolta, Jr., M.D.
Medical Director
3705 Granada Blvd.
Coral Gables, Fl. 33134

James R. Huff, Ph.D.
Clinical Director
9989 S.W. 126th Terr.
Miami, Fl. 33176

Victor M. Bauza, M.S.
Administrative Director
18598 N.W. 22nd Ct.
Pembroke Pines, Fl. 33029

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TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted upon the unanimous agreement of all members in writing.

ARTICLE VI - Members Rights to Continue Business:

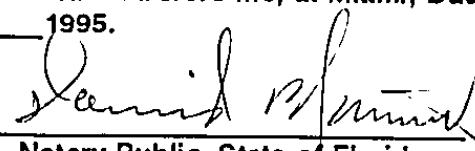
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members may continue the business if all remaining members are in agreement. If the remaining members agree to continue the business upon or after the occurrence of one of the above events then the departing or departed member or his estate shall be entitled to be compensated for the value of the departing members interest. The members shall by separate agreement arrive at a formula to base such valuation upon.

IN WITNESS WHEREOF, the undersigned member of this Limited Liability Company has executed these articles at the City of Miami, County of Dade, State of Florida This 25 Day of July 1995.


VICTOR M. BAUZA, MEMBER

SWORN to and subscribed before me, at Miami, Dade County, Florida, this 25 Day of July 1995.


Notary Public, State of Florida




DAVID B JAVITS
My Commission CC327516
Expires Nov. 01, 1997
Bonded by HAI
800-422-1555

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of
ALTERNATIVE BEHAVIORAL HEALTHCARE, L.C. deposes and says:

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$ 4,000.⁰⁰.
3. If any the agreed value of property other than cash contributed by the members is \$ -0-. A description of the property is attached hereto and made a part hereof.
4. The total amount of cash or property anticipated to be contributed by members is \$ 12,000.⁰⁰. (this includes 2 & 3 above).



Member or Authorized Representative

SWORN to and subscribed before me a Notary Public on this 25 day
of July 1995.



Notary Public



DAVID B. JAVITS
My Commission GC327516
Expires Nov. 01, 1997
Bonded by HAI
800-422-1555

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/
REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.517, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

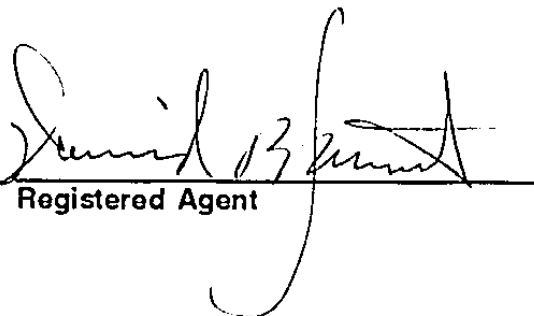
1. The name of the Limited Liability Company is: ALTERNATIVE BEHAVIORAL HEALTHCARE, L.C.

2. The name and address of the registered agent/registered office is:

DAVID B. JAVITS
Suite 300
2020 N.E. 163rd Street
North Miami Beach, Fl. 33162

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TALLAHASSEE, FLORIDA

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

Date 7-25-95