

**A06000000-745**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

RECEIVED

06 JUN -6 PM 2:17

DIVISION OF CORPORATION

**FLORIDA/FOREIGN LP/LLP**

**THE COMMUNITY BASED CARE PARTNERSHIP, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

06 JUN -6 AM 9:16

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Corporate Filing Menu

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*Just*

H 06000151277-3

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The Community Based Care Partnership, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 9064 N.W. 13th Terrace, Doral FL 33172

(Street address of initial designated office)

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, Florida 32301

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Laura R. Dunlap

Signature of Registered Agent

**Laura R. Dunlap**  
as its agent6. 6950 Columbia Gateway Drive, Columbia MD 21046

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN-06-2006 09:32  
JUN-06-06 03:27pm From

CBC OF SEMINOLE

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T-198 P.03/03 F-066

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- F 00000000 2581  
- N 01000000 6549

8. Name and business address of each general partner:

Name:

Business Address:

Magellan Behavioral Health of Florida, Inc.

6950 Columbia Gateway Drive

Columbia, MD 21046

Community Based Care of Seminole, Inc.

605 Crescent Executive Court, Suite 428

Lake Mary, FL 32746

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TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing: Upon filing

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Signature of each general partner:

Magellan Behavioral Health of Florida, Inc.

Community Based Care of Seminole, Inc.

By: Michael P. McQuillen,  
Assistant Secretary

By: Eileen Casel

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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