



THE UNITED STATES
CORPORATION
COMPANY

L000000001284

ACCOUNT NO. : 072100000032

REFERENCE : 558839 7202847

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 125.00

ORDER DATE : ~~January 20, 2000~~ 2/3/00

ORDER TIME : 11:23 AM

ORDER NO. : 558839-005

CUSTOMER NO: 7202847

000003123010--5

CUSTOMER: Ms. Adrienne Markopolos
ADRIENNE MARKOPOLOS
ADRIENNE MARKOPOLOS
107 Becket Lane

Heathrow, FL 32746

DOMESTIC FILING

NAME: FLORIDA MENTAL HEALTH AND
MEDIATION, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

RECEIVED
00 FEB -3 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2300

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA MENTAL HEALTH AND MEDIATION, LLC

ARTICLE II - Address:

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

107 BECKET LANE, HEATHROW, FLORIDA 32746

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

<u>ADRIENNE MARKOPOLOS</u>		
Name		
<u>107 BECKET LANE</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>HEATHROW,</u>	<u>FL</u>	<u>32746</u>
City, State, and Zip		

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 as provided for in Chapter 608, F.S..

see attached

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LAURA R. DUNLAP
Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

00 FRI - 3 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT
DESIGNATED IN THE ARTICLES OF INCORPORATION

Adrienne Markopolos, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

FLORIDA MENTAL HEALTH AND MEDIATION, LLC

Adrienne Markopolos is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: Adrienne Markopolos

Typed Name: Adrienne Markopolos

00 FEB -2 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED