

L01000009546

Florida Department of State  
Division of Corporations  
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LIMITED LIABILITY COMPANY

Miami Mental Health Trust, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

H01000012339 7

**ARTICLES OF ORGANIZATION  
OF  
MIAMI MENTAL HEALTH TRUST, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

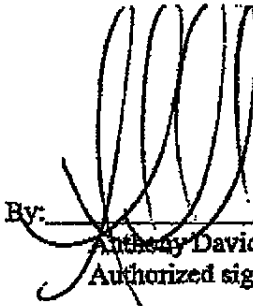
1. NAME. The name of the Limited Liability Company is MIAMI MENTAL HEALTH TRUST, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is: 7333 Coral Way, Miami, Florida 33155.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Anthony Davide at 7333 Coral Way, Miami, Florida 33155.

4. MANAGEMENT. The Company is to be member managed.

The undersigned has executed these Articles of Organization on the 30<sup>th</sup> day of January, 2001.

By:   
Anthony Davide  
Authorized signatory

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**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

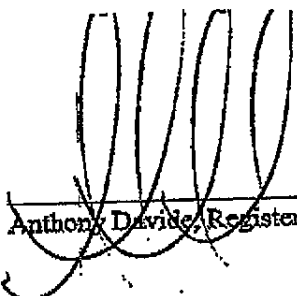
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

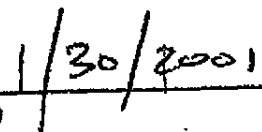
1. The name of the limited liability company is: MIAMI MENTAL HEALTH TRUST, LLC.
2. The name and address of the registered agent and office is:

Anthony Davide  
7333 Coral Way  
Miami, Florida 33155

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*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 its 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.*

  
\_\_\_\_\_  
Anthony Davide, Registered Agent

  
\_\_\_\_\_  
(Date)

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