

**20100016142**

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H01000101181 5)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Angie Calabrese

Account Name : AKERMAN, SENTERFITT & ELDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

AL

**LIMITED LIABILITY COMPANY**

**MIAMI EDISON ADOLESCENT HEALTH CENTER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 20

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 20 AM 10:39

FAX AUDIT NO. H01000101181

**ARTICLES OF ORGANIZATION  
OF  
MIAMI EDISON ADOLESCENT HEALTH CENTER, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Miami Edison Adolescent Health Center, LLC.**

**ARTICLE II: - Address**

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

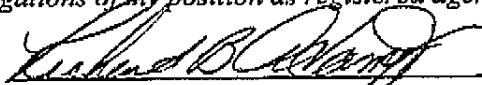
6161 N.W. 5th Court  
Miami, Florida 33127

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

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

Richard B. Adams, Jr., Esq.  
66 West Flagler Street, 5th Floor  
Miami, Florida 33130

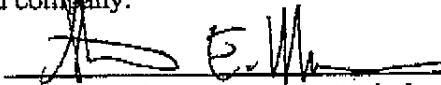
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*



Signature of Registered Agent

**ARTICLE IV: - Management (Check box if applicable.)**

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



Signature of a member or an authorized representative of a member

(In accordance with Section 608(3), Florida Statutes, the execution  
of this document constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.)

Steven E. Marcus, Ed.D

Typed or printed name of signee

Dated this 19 day of Sept., 2001.

01 SEP 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA