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Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**  
**KETER MENTAL HEALTH CENTER, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KETER MENTAL HEALTH CENTER, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**49 WEST 3 STREETHIALEAH, FL 33010**Mailing Address:**49 WEST 3 STREETHIALEAH, FL 33010**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

GISELA BRAVO

Name

49 WEST 3 STREETFlorida street address (P.O. Box NOT acceptable)HIALEAHFLORIDA 33010

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, Florida Statutes.*

  
Registered Agent's Signature

FILED  
JUN 7 2004  
CLERK OF DISTRICT COURT  
HIALEAH, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMGI SELA BRAVO49 WEST 3 STREETHIALEAH, FL 33010MGRFRANK HERNANDEZ49 WEST 3 STREETHIALEAH, FL 33010

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(In accordance with section 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GI SELA BRAVO

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)

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