### Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Phone

: (800)494-3124

Fax Number

: (305)675-2811

## LIMITED LIABILITY COMPAN

Center for Counseling and Behavioral Medicine

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

CENTER FOR COUNSELING AND BEHAVIORAL MEDICINE LLC

#### ARTICLE II ADDRESS

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

150 S.W. 12TH AVENUE SUITE 330 POMPANO BEACH, FL 33069

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

GARY S. TRAUB, PH.D. 150 S.W. 12TH AVENUE SUITE 330 POMPANO BEACH, FLORIDA 33069

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

GARY S. TRAUB, PH.D. / Registered Agent's Signatura

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#### ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

#### ARTICLE Y

The name(s) and address(es) of the managing members of the LLC are:

ARTICL	E VI	

Managing Member: GARY S. TRAUB, PH.D.; 150 S.W. 12TH AVENUE SUITE 330

POMPANO BEACH, FLORIDA 33069

Managing

ANTHONY YACONA, M.D.; 150 S.W. 12TH AVENUE SUITE

Member:

330 POMPANO BEACH, FLORIDA 33069

Managing Member:

BEHAVIORAL MEDICINE AND BIOFEEDBACK CONSULTANTS, INC; 150 S.W. 12TH AVENUE SUITE 330 POMPANO BEACH,

FLORIDA 33069

Managing Member:

ANTHONY YACONA, PA; 150 S.W. 12TH AVENUE SUITE 330

POMPANO BEACH, FLORIDA 33069

Coalpho.

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

GARY S. TRAUB, PH.D. Typed or printed name of signee

the facts stated herein are true.)

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