

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000025532  
FILED 8:00 AM  
March 14, 2005  
Sec. Of State  
Irrivers

**Article I**

The name of the Limited Liability Company is:  
GREEN SPRINGS RECOVERY PROGRAMS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
223 PRYOR STREET  
BROOKSVILLE, FL. US 34601

The mailing address of the Limited Liability Company is:  
223 PRYOR STREET  
BROOKSVILLE, FL. US 34601

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: DEBORAH D. SKIPPER

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
SHANTA COLEMAN-DERR  
PO BOX 219  
BROOKSVILLE, FL. 34605 US

Title: MGRM  
AMANDA PENLEY  
PO BOX 219  
BROOKSVILLE, FL. 34605 US

Signature of member or an authorized representative of a member

Signature: SHANTA COLEMAN-DERR

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