

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

L05000036869
FILED 8:00 AM
April 14, 2005
Sec. Of State
dcushing

Article I

The name of the Limited Liability Company is:
FAMILY RECOVERY SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
P.O. BOX 916
ARCHER, FL. 326168

The mailing address of the Limited Liability Company is:
P.O. BOX 916
ARCHER, FL. 326168

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:
ARTHUR W BROWN JR
120 SW 250TH ST
NEWBERRY, FL. 32669

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: ARTHUR W BROWN JR

Article V

The name and address of managing members/managers are:

Title: MGR
BETTY MASAGEE
P.O. BOX 916
ARCHER, FL. 32618

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Signature of member or an authorized representative of a member

Signature: BETTY MASAGEE