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305-444-4977

p. 1

Page 1 of 1

Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TAOISM BEHAVIORAL CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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5/22/2006

(((H06000140219)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
TAOISM BEHAVIORAL CENTER, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11602 NW 57TH AVENUE MIAMI, FL 33012	11602 NW 57TH AVENUE MIAMI, FL 33012	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	SECRETARY 22	
DAISY QUINTANILLA	HAZE 22	
Name	<u></u>	'n
11602 NW 57TH AVEN	UE FIS	C
Florida street addi	ress (P.O. Box NOT acceptable)	
MIAMI	FL 33012 56	
City, State, at	nd 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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MGRM	DAISY QUINTANILLA 11602 NW 57TH AVENUE MIAMI, FL 33012	
	11602 NW 57TH AVENUE	
	MIAMI, FL 33012	
		
		
		<u>_</u>
		
(Use attachment if necessary) LE V: Effective date, if other than the da ffective date is listed, the date must be s days after the date of filing.)	ate of filing: (Cospecific and cannot be more than five bus)PTIONAL) siness days pr
REQUIRED SIGNATURE:		
Signature of a sheraber	or an authorized representative of a member.	₹s e
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury cin are true.)	ECRETALIAHA
DAISY QUINTANILI Type	LA ed or printed name of signee	22 AM ASSEE, FI
Filing Fees:		AH 9: 5
		QT #

Page 2 of 2