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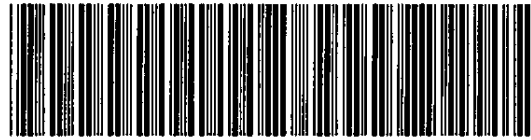
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIRACLE BEHAVIORAL HEALTH LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CALIXTO GARCIA

(Name of Person)

MIRACLE BEHAVIORAL HEALTH LLC.

(Firm/Company)

1619 NW 27 AVE.

(Address)

MIAMI FL, 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

LUISA E . PEREZ

(Name of Person)

at ( 305 ) 324-9494

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2007

CALIXTO GARCIA  
1619 NW 27 AVENUE  
MIAMI, FL 33125

SUBJECT: MIRACLE BEHAVIORAL HEALTH LLC  
Ref. Number: W07000019189

We have received your document for MIRACLE BEHAVIORAL HEALTH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 607A00026569

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MIRACLE BEHAVIORAL HEALTH, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C.," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

1619 NW 27 AVE. MIAMI FL, 33125

#### Mailing Address:

1619 NW 27 AVE. MIAMI FL, 33125

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SILVIA TRANA-FELIPES, MGR

Name

1619 NW 27 AVENUE,

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33125

FL

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, F.S.*

*Silvia Trana-Felipes*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

LUISA E. PEREZ, MGRM

5555 COLLINS AVE

MIAMI BEACH, FL

33140

CALIXTO GARCIA, MGRM

8942 GARLAND AVE

SURFSIDE, FL

33154

SILVIA TRANA-FELIPES, MGR

1134 NW 136 AVE

MIAMI, FL

33182

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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 the facts stated herein are true.)

DR. CALIXTO GARCIA

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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