

608000006576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

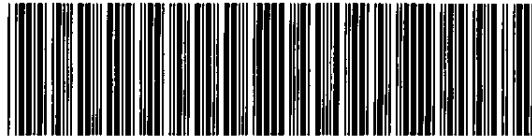
(Business Entity Name)

(Document Number)

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T. CLINE

JAN 18 2008

EXAMINER

608-6576

2008 JAN 17 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2008

MATTHEW BROWN
909 POYDRAS STREET, SUITE 2600
NEW ORLEANS, LA 70112

SUBJECT: JBH BEHAVIORAL HEALTH SYSTEMS, L.L.C.
Ref. Number: W08000002352

We have received your document for JBH BEHAVIORAL HEALTH SYSTEMS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 14, 2008. Please amend your document accordingly.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 408A00003135

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TALLAHASSEE, FLORIDA

SULLIVAN, STOLIER & RESOR

A PROFESSIONAL LAW CORPORATION

909 POYDRAS STREET, SUITE 2600

NEW ORLEANS, LOUISIANA 70112

TELEPHONE (504)561-1044

FACSIMILE (504)561-8606

WWW.THEHEALTHLAWCENTER.COM

MATTHEW K. BROWN
mbrown@ssrlawfirm.com

January 3 2008

Florida Secretary of State
Registration Section
Division of Corporations
409 E. Gains Street
Tallahassee, FL 32399

Re: JBH Behavioral Health Systems, L.L.C.

Dear Sir:

The Articles of Organization and filing fee of \$125.00 are enclosed.

Please return all correspondence concerning this matter to the following:

Matthew K. Brown
Sullivan, Stoler & Resor, APLC
909 Poydras Street, Suite 2600
New Orleans, LA 70112

For further information concerning this matter, please call the undersigned at
(504) 561-1044.

Very truly yours,



Matthew K. Brown

MKB/bg
Enclosures

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TALLAHASSEE, FL 32399

SULLIVAN, STOLIER & RESOR

A PROFESSIONAL LAW CORPORATION

909 POYDRAS STREET, SUITE 2600

NEW ORLEANS, LOUISIANA 70112

JACK MARK STOLIER*
STEPHEN M. SULLIVAN
STEPHEN C. RESOR
VINSON J. KNIGHT
MICHAEL M. MEUNIER
JAMES PETER KOVATA
MATTHEW K. BROWN
BRIAN D. GRUBB***
AMANDA C. FOSTER
ADRIENNE L. BLACK
THUY P. HUYNH***

* ALSO ADMITTED IN DISTRICT OF COLUMBIA
** ALSO ADMITTED IN ILLINOIS
*** ADMITTED IN ILLINOIS
**** ALSO ADMITTED IN TEXAS

TELEPHONE (504)561-1044
FACSIMILE (504) 561-8606
WWW.THEHEALTHLAWCENTER.COM
WWW.SSRLAWFIRM.COM

January 17, 2008

Via FedEx

Tammi Cline, Regulatory Specialist
Florida Secretary of State, Division of Corporations
409 E. Gains Street
Tallahassee, FL 32399

Re: JBH Behavioral Health Systems, L.L.C.

Dear Tammi:

In accordance with our conversation today, I enclose the corrected Articles of Organization of JBH Behavioral Health Systems, L.L.C. This application and fee is now in your "pending file." As you will note, Article V, effective date, has been left blank and will be the date of this filing.

I am also enclosing FedEx return envelope. Please return the completed filing information to me in this envelope.

If you have any questions, please call.

Very truly yours,



Becky Goostrey, Assistant to
Matthew K. Brown

Enclosure

2008 JAN 17 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBH Behavioral Health Systems, L.L.C.
(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:

Matthew K. Brown

(Name of Person)

Sullivan Stoler & Resor

(Firm/Company)

909 Poydras Street, Ste. 2600

(Address)

New Orleans, LA 70112

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Brown

(Name of Person)

at (504) 561-1044

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JBH Behavioral Health Systems, L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

4113 W Riverside Drive
Ft. Myers, FL 33901

Mailing Address:

4113 W Riverside Drive
Ft. Myers, FL 33901

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation, FL 33324

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.



Registered Agent's Signature (REQUIRED)

E.A. Wallace
Assistant Secretary

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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:

MGRM

Tehjan Martin

4113 W Riverside Drive

Ft. Myers, FL 33901

(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.)

Matthew K. Brown
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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TALLAHASSEE, FLORIDA