

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305)599-0839

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: (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

## CURRAS MENTAL HEALTH COUNSELING LLC

Certificate of Status	0
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6/25/2008

JUN 2 6 2008.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TTCLE I - Name: a name of the Limited Liability Company	is:
CURRAS MENTAL HEALTH	CC

ARTICLE II - Address:

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

COUNSELING LLC

Principal Office Address:	Mailing Address:	
14539 SW 171 TERR	14539 SW 171 TERR	
MIAMI, FL 33177	MIAMI, FL 33177	<del></del>

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company summet serve as its own Registered Agent. You must designate an individual or another business entity with an active Fiorida registration.)

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

GONZALO J	esus	CURR	as	
1	lame			
14539 SW	171	TERR		
Florida straet address (P.O. Box NOT acceptable)				
MIAMI	3	٠ <u>ــــــــــــــــــــــــــــــــــــ</u>	33177	
City, S	inte, 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 Signature

(CONTINUED) Page 1 of 2

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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:

	<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:	,
	• • •	ERITE METTOC:		•
	MGRM		GONZALO JESUS CURRAS	
			14639 SW 171 TERR	<del></del>
•			MIAMI, FL 33177	
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(If an	(Use attachment is CLE V: Effective d effective date is list 00 days after the date	ate, if other than the date ed, the date must be sp	e of filing: June 24, 2008 (earlie and cannot be more than five be	OPTIONAL) isiness days prior
	REQUIRED SIG	INATURE:	<del></del>	SECON STATE
	٠.	9 (	<b>/</b> ~	125 P 25
`		Signature of a member or	an authorized representative of a member.	S. E. S.
•		(In accordance with section of this document constitute that the facts stated herein	608.408(3). Florida Statutos, the execution is an affirmation under the penalties of perjury n are true.)	All 8: 30
		GONZALO TES	RITS CHRRAS or printed name of signes	