Electronic Articles of Organization
For
Florida Limited Liability Company

L08000085445
FILED 8:00 AM
September 09, 2008
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

COMPHRENSIVE CARE SOLUTIONS, LLC

Article II

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

12169 SHERIDAN STREET
COOPER CITY, FL. 33026

The mailing address of the Limited Liability Company is:

12169 SHERIDAN STREET
COOPER CITY, FL. 33026

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:

SPINK RODGER
12169 SHERIDAN STREET
COOPER CITY, FL. 33026

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: RODGER SPINK

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Article V

The name and address of managing members/managers are:

Title: MGRM
LESLIE SPINK
12169 SHERIDAN STREET
COOPER CITY, FL. 33026

Title: MGRM
ANITA KIMLER
12169 SHERIDAN STREET
COOPER CITY, FL. 33026

Article VI

The effective date for this Limited Liability Company shall be:

09/08/2008

Signature of member or an authorized representative of a member

Signature: RODGER SPINK