

LD8000092582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

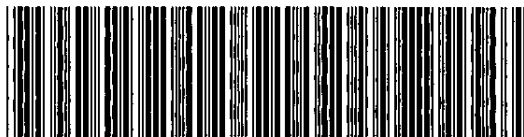
Special Instructions to Filing Officer:

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EXAMINER

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09/29/08--01050--019 **125.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Kathy Fratrack Hannon
8976 Greenwich Hills Way # 202
Fort Myers, Florida 33908
239-454-2073
September 24, 2008

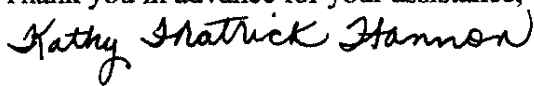
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Limited Liability Company

To Whom It May Concern:

Please find the completed required Articles Of Organization For Limited Liability Company and a check to cover the fees.

Should you need any additional information, please contact me at the address and telephone number listed above.

Thank you in advance for your assistance,

Kathy Fratrack Hannon

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Behavioral Health Services, L.C.S.W., 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:

Kathy FRATRICK HANNON
(Name of Person)

Behavioral Health Services, L.C.S.W., LLC.
(Firm/Company)

8976 Greenwich Hills Way # 202
(Address)

Fort Myers, Florida 33908
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy FRATRICK HANNON at (239) 454-2073
(Name of Person) (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

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:

Behavioral Health Services L.C.S.W., 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:

8976 Greenwich Hills Way #202
Fort Myers, FL 33908

Mailing Address:

8976 Greenwich Hills Way #202
Fort Myers, Florida 33908

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:

Kathy FRATRICK HANNON
Name

8976 Greenwich Hills Way #202
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33908
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..

Kathy Fratrack Hannon
Registered Agent's Signature (REQUIRED)

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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:

MANAGER

Kathy FRATRICK HANNON
8976 GREENWICH Hills Way #202
FORT MYERS, Florida 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 1, 2008. (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:

Kathy Fratricks Hannon
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.)

Kathy FRATRICK HANNON
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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