

**L08000092684**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

2008 SEP 30 A 1:55  
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
PROFESSIONAL RECOVERY COUNSELING, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**T. HAMPTON**

**EXAMINER**

*HO 000 226 2323.*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**PROFESSIONAL RECOVERY COUNSELING, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**PROFESSIONAL RECOVERY COUNSELING, LLC.**

**ARTICLE II - ADDRESS**

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

**10851 SW 108<sup>TH</sup> AVE SUITE # 3H  
MIAMI, FL 33176**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**GUSTAVO DORNELLES**

**10651 SW 108<sup>TH</sup> AVE. SUITE # 3H**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL 33176**

City, State, and Zip

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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

#### ARTICLE IV- MANAGEMENT

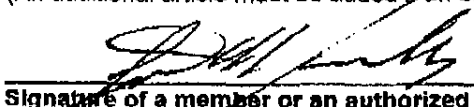
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**GUSTAVO DORNELLES**  
10651 SW 108<sup>TH</sup> AVE SUITE # 3H  
MIAMI, FL 33176

**MARIA CARUSO**  
10651 SW 108<sup>TH</sup> AVE SUITE # 3H  
MIAMI, FL 33176

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MANAGER  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
MANAGER

(An additional article must be added if an effective date is requested)

  
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.)

**GUSTAVO DORNELLES**  
Typed or printed name of signee

HO8 000 226 232 3.