

L08000115893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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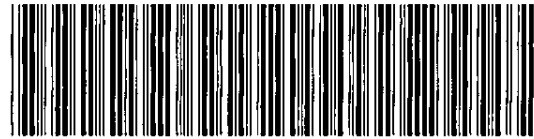
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/22/08--01028--002 \*\*150.00

RECEIVED  
08 DEC 22 AM 11:19  
DEPT. OF REVENUE - STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 12/31/08

FILED  
08 DEC 22 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

DEC 22 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/22/08

REF. #: 000177.97140

CORP. NAME: LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.

EFFECTIVE DATE 12/31/08

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TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION    | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION        | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION  |   |  |
| <input checked="" type="checkbox"/> OTHER: CONVERSION |   |  |

STATE FEES PREPAID WITH CHECK# 528701 FOR \$ 150.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

EFFECTIVE DATE 12/31/08

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CONVERSION**

For

**LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.**

Into

**LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC**

This Certificate of Conversion and the attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Section 608.439, Florida Statutes.

- FIRST:** The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is **LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.** K 22824
- SECOND:** The "Other Business Entity" is a Florida corporation, first incorporated under the laws of the State of Florida on May 6, 1988.
- THIRD:** The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is **LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC.**
- FOURTH:** The conversion shall be effective as of December 31, 2008.

[SIGNATURE APPEARS ON NEXT PAGE]

Signed this 19<sup>th</sup> day of December, 2008.

**LA AMISTAD RESIDENTIAL  
TREATMENT CENTER, LLC, a Florida  
limited liability company**

By: Steve Filton  
Name: Steve Filton  
Title: Vice President

**LA AMISTAD RESIDENTIAL  
TREATMENT CENTER, INC., a Florida  
corporation**

By: Steve Filton  
Name: Steve Filton  
Title: Vice President

EFFECTIVE DATE

12/31/08

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC

The undersigned, being authorized to execute and file these Articles of Organization of LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC

**ARTICLE II — Address:**

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

201 Alpine Drive  
Maitland, FL 32751

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE V — Management:**

The Limited Liability Company will be a member-managed company.

**ARTICLE VI — Effective Date:**

The effective date of these Articles of Organization shall be December 31, 2008.

\* \* \* \* \*

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 19 day of December, 2008.

**LA AMISTAD RESIDENTIAL  
TREATMENT CENTER, LLC, a Florida  
limited liability company**

By: Steve Filton

Name: Steve Filton

Title: Vice President

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.*

C T CORPORATION SYSTEM

By: Barbara A. Burke  
Print Name: Barbara A. Burke  
Print Title: Special Assistant Secretary

Dated: December 3, 2008