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

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Medi-Psych E & M, L.L.C.

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EXAMINER

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

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MEDI-PSYCH E & M, L.L.C.

ARTICLE II ADDRESSThe mailing address and street address of the principal office of
Limited Liability Company is:

1455 N TREASURE DR. #1-P

MIAMI, FLORIDA 33141

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

GERALDINE M DISNARD, ARNP-BC

1455 N TREASURE DR. #1-P

MIAMI, FLORIDA 33141

Having been named as registered agent 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.

x Geraldine M. Disnard ARNP-BC
GERALDINE M DISNARD / Registered Agent's signature

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MEDI-PSYCH E & M, L.L.C.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

GERALDINE M DISNARD, ARNP-BC

1455 N TREASURE DR. #1-P

MIAMI, FLORIDA 33141

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x Geraldine M. Disnard ARNP-BC

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.

GERALDINE M DISNARD