

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L09000087504
FILED 8:00 AM
September 09, 2009
Sec. Of State
ncausseaux**

Article I

The name of the Limited Liability Company is:

ST. RAPHAEL PSYCHOLOGICAL & FAMILY SERVICES LLC

Article II

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

5744 FOX BRIDGE WAY
TALLAHASSEE, FL. 32317

The mailing address of the Limited Liability Company is:

3512 CLIFDEN DRIVE
TALLAHASSEE, FL. 32309

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:

KNIEPMANN KENNETH
3512 CLIFDEN DR.
TALLAHASSEE, FL. 32309

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: KEN KNIEPMANN

Article V

The name and address of managing members/managers are:

Title: MGRM
CARLOS GOMEZ-ESTEFAN
5744 FOX BRIDGE WAY
TALLAHASSEE, FL. 32317

Title: MGRM
HOLLY GOMEZ-ESTEFAN
5744 FOX BRIDGE WAY
TALLAHASSEE, FL. 32317

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Article VI

The effective date for this Limited Liability Company shall be:

09/11/2009

Signature of member or an authorized representative of a member

Signature: KEN KNIEPMANN