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Division of Corporations  
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## To:

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Fax Number : (850) 617-6383

## From:

Account Name : MCCARTHY, SUMMERS, BOBKO, WOOD, NORMAN, BASS & TAYLOR, P.A.  
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Phone : (772) 286-1700  
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FLORIDA LIMITED LIABILITY CO.  
ADDICTION RECOVERY GROUP, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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EXAMINER

*Integrity Dedication Solutions*

**MCCARTHY  
SUMMERS  
BOBKO  
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NORMAN  
BASS  
& TAYLOR P.A.**  
*Attorneys at Law*

November 1, 2010

**H10000238048**

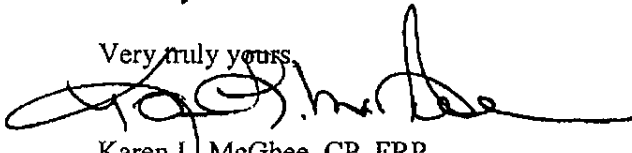
Florida Department of State  
Division of Corporations  
The Capitol  
P.O. Box 6327  
Tallahassee, Florida 32399-0250

RE: Articles of Organization for Addiction Recovery Group, LLC

Ladies and Gentlemen:

With reference to the above company, enclosed please find Articles of Organization for filing. Kindly fax to the undersigned proof of filing same. Thank you.

Very truly yours,



Karen L. McGhee, CP, FRP  
Certified Paralegal  
Email: klm@McCarthySummers.com  
/klm  
Enclosure

Terence P. McCarthy \*  
Robert P. Summers \*  
Noel A. Bobko  
Steven J. Wood \*\*  
Kenneth A. Norman  
Kathryn C. Bass  
Patricia I. Taylor

Rose D. Schneider  
Rene S. Josco  
Owen Schultz  
Christine Bialezak  
Michael J. McNicholas \*\*\*

\*Board Certified  
Real Estate Lawyer  
\*\*Board Certified Wills,  
Trusts & Estates Lawyer  
\*\*\*Certified Circuit  
Civil Mediator

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**H10000238048****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADDICTION RECOVERY GROUP, LLC

**ARTICLE II - Duration:**

The effective date of this company shall be November 1, 2010.

The period of duration for the Limited Liability Company shall:

Continue until December 31, 2060, unless sooner terminated by operation of law or in accordance with the Regulations of the Limited Liability Company, or as reestablished after such primary term for such additional period as is determined by the Members.

**ARTICLE III - Address:**

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

11900 SE Federal Highway, Suite 212, Hobe Sound, FL 33455

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

11900 SE Federal Highway, Suite 212, Hobe Sound, FL 33455

**ARTICLE IV - Registered Agent/Address**

The name and address of the registered agent is:

Kenneth A. Norman  
2400 SE Federal Highway, Fourth Floor  
Stuart, FL 34994

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Articles of Organization  
ADDICTION RECOVERY GROUP, LLC

Page 1

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**ARTICLE V - Additional Members**

Additional Members may be admitted to the Limited Liability Company upon the unanimous vote of the Limited Liability Company's members.

**ARTICLE VI - Continuation of Business**

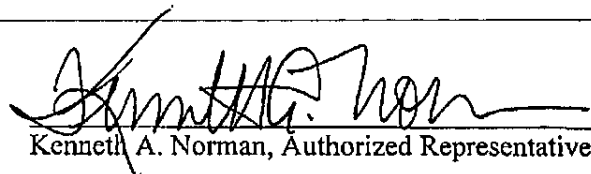
Upon the withdrawal of a Member, the remaining members owning at least sixty-six and two-thirds percent (66 2/3rd%) of the interests in the Limited Liability Company then owned by all remaining Members (by written consent of each of such Members) may elect to continue the business.

**ARTICLE VII - Management:**

The Limited Liability Company is to be managed by a Manager and is therefore a manager-managed company. The name and address of the initial Manager is:

Jason Ackner  
11900 SE Federal Highway, Suite 212  
Hobe Sound, FL 33455

Dated: Nov. 1, 2010.

  
Kenneth A. Norman, Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED  
OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: ADDICTION RECOVERY GROUP, LLC
2. The name and address of the registered agent and office is:

Kenneth A. Norman  
(Name)

2400 SE Federal Highway, Fourth Floor  
(P.O. Box not acceptable)

Stuart, FL 34994  
(City/State/Zip)


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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, Kenneth A. Norman hereby accepts the appointment as registered agent and agrees to act in this capacity. Kenneth A. Norman further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent.*

Dated: Nov 1, 2010.

**REGISTERED AGENT:**

  
Kenneth A. Norman

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