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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCCARTHY, SUMMERS, BOBKO, WOOD, NORMAN, BASS &

Account Number : I19990000170

Phone Fax Number

i (772)286-1700 : (772)283-1803

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO.

South Florida Behavioral Health Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

DEC 1 6 2010

EXAMINER

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December 15, 2010

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

RE: Articles of Organization for South Florida Behavioral Health Services, 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. losco Owen Schultz Christine Bialczak Michaęl-J. McNigholas ***

Bourd Certified Red Estate Lauyer Bourd Certified Wills, Trusts & Estates Luwyer

***Certified Gircuit
**Civil Mediator

&3 €3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH FLORIDA BEHAVIORAL HEALTH SERVICES, LLC

ARTICLE II - Duration:

The effective date of this company shall be December 15, 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 213, Hobe Sound, FL 33455

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

11900 SE Federal Highway, Suite 213, Hobe Sound, FL 33455

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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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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 T. Ackner 11900 SE Federal Highway, Suite 213 Hobe Sound, FL 33455

Dated: Dec . 15 , 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: SOUTH FLORIDA BEHAVIORAL HEALTH SERVICES, LLC	.	
2.	The name and address of the registered agent and office is:	2010 (
	Kenneth A. Norman XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DEC 15	STATES OF
	2400 SE Federal Highway, Fourth Floor (P.O. Box not acceptable)	X	Tarm of
	Stuart, FL 34994 (City/State/Zip)	3 24	•

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: 26. 5, 2010.

REGISTERED AGENT

Kenneth A. Norman