

L10000128355

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000269497 3)))



H100002694973ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : MCCARTHY, SUMMERS, BOBKO, WOOD, NORMAN, BASS & TAYLOR, P
Account Number : I19990000170
Phone : (772) 286-1700
Fax Number : (772) 283-1803

2010 DEC 15 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: KM@McCarthySummers.com

FLORIDA LIMITED LIABILITY CO.
South Florida Behavioral Health Services, LLC

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

T. CLINE

DEC 16 2010

EXAMINER

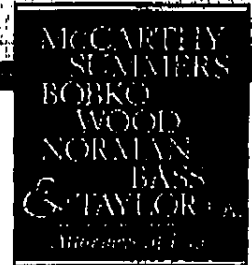
RECEIVED

10 DEC 15 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

Integrity. Dedication. Solutions.



December 15, 2010

H10000269497

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. Iosco
Owen Schultz
Christine Bialczak

Michael J. McNicholas ***

*Board Certified
Real Estate Lawyer*

***Board Certified Wills,
Trusts & Estates Lawyer*

****Certified Circuit
Civil Mediator*

DEC 15 2010
11:28 AM
FAX

H10000269497

H10000269497

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

2010 DEC 15 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

H10000269497

H10000269497

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

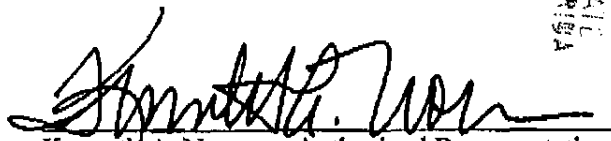
Upon the withdrawal of a Member, the remaining members owning at least sixty-six and two-thirds percent (66 2/3rd%) of the interests in the Limited Liability Company then owned by all remaining Members (by written consent of each of such Members) may elect to continue the business.

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

2010 DEC 15 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H10000269497

H10000269497

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:

Kenneth A. Norman
(Name)

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


Stuart, FL 34994
(City/State/Zip)

2010 DEC 15 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Dec. 15, 2010.

REGISTERED AGENT:

Kenneth A. Norman

H10000269497