

**L12000121822**

Division of Corporations

Page 1 of 1

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**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
OF  
WATERS EDGE RECOVERY, LLC  
a Florida Limited Liability Company**

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Company Act, **WATERS EDGE RECOVERY, LLC**, a Florida limited liability company ("*Company*"), through the undersigned, as its authorized representative, certifies that:

A. The Articles of Organization of the Company were filed by the Florida Department of State on September 24, 2012, and assigned Florida document number L12000121822.

B. The Articles of Organization are hereby amended and restated in their entirety to read as follows:

1. NAME. The name of the Limited Liability Company is: **WATERS EDGE RECOVERY, LLC**.

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the principal office of the Company is: 117 SE Seminole Street, Stuart, Florida 34994.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Edward T. Gorman, 117 SE Seminole Street, Stuart, Florida 34994.


4. MANAGEMENT. Initially, the Company shall be manager-managed and the initial manager is as listed below; provided, that the Company may determine, from time to time, to become member managed or change its manager from time to time and the Company reserves the right to update such information through its annual report filings, amendments to the Company's operating agreement, or as otherwise provided by applicable law.

Manager

Edward T. Gorman  
117 SE Seminole Street  
Stuart, Florida 34994

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The undersigned has executed these Amended and Restated Articles of Organization on the 22nd day of April, 2014.

By:   
Edward T. Gorman, Authorized Representative

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**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0013, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY NAMED BELOW 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: WATERS EDGE RECOVERY, LLC
2. The name and the Florida street address of the registered agent are:

Edward T. Gorman  
117 SE Seminole Street  
Stuart, Florida 34994

*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 relative 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 605, F.S.*

  
Edward T. Gorman, Registered Agent

Date: April 22, 2014

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