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SAVAGE KRIM

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Division of Corporations

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Florida Department of State
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From:

Account Name : SAVAGE KRIM & SIMONS
Account Number : 073617000267
Phone : (352) 732-8944
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Email Address: gsimons@savagekrim.com

FLORIDA LIMITED LIABILITY CO.
PsychPro Care, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION**

of

**PsychPro Care, LLC
a Florida Limited Liability Company**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be PsychPro Care, LLC ("Company").

ARTICLE II - ADDRESS

The physical address of the principal office of the company shall be 1701 NE 42nd Avenue, Suite 401, Ocala, Florida 34470.

The mailing address of the principal office of the company shall be 1701 NE 42nd Avenue, Suite 401, Ocala, Florida 34470.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent and registered office of the Company in the state of Florida is BRENT P. MRUZ, 1701 NE 42nd Avenue, Suite 401, Ocala, Florida 34470.

ARTICLE V - MANAGERS/MANAGING MEMBERS

The name and address of each Manger or Managing Member is as follows:

TITLE:	NAME:	ADDRESS:
MGRM	BRENT P. MRUZ	2454 SW 7 th Avenue Ocala, Florida 34471
MBR	DAVID F. MINNICI	10865 SW 47 th Avenue Ocala, Florida 34476
MBR	JOSEPH A. WHITE	4889 SW 7 th Avenue Road Ocala, Florida 34471

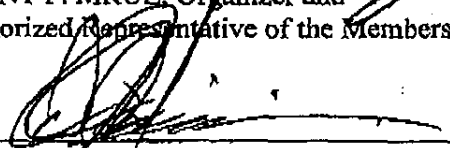
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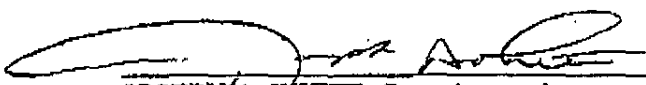
ARTICLE VI - EXISTENCE

The existence of the Company shall begin on March 6, 2014.

Signed this 6 day of March, 2014.

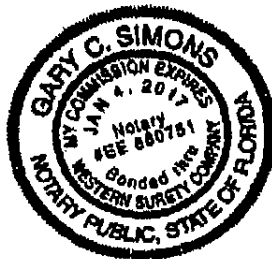

BRENT P. MRUZ, Organizer and
Authorized Representative of the Members

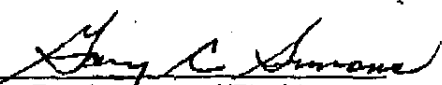

DAVID F. MINNICI, Organizer and
Authorized Representative of the Members


JOSEPH A. WHITE, Organizer and
Authorized Representative of the Members

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 6 day of March, 2014, by BRENT P. MRUZ, as Organizer and Authorized Representative of the Members, ☐ who is personally known to me or ☒ who produced _____ Driver's License as identification.

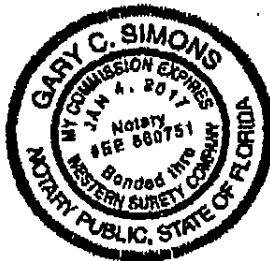



Notary Public, State of Florida
My commission expires:

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STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 6 day of March, 2014, by DAVID F. MINNICI, as Organizer and Authorized Representative of the Members, ☐ who is personally known to me or ☒ who produced _____ Driver's License as identification.



Gary C. Simons
Notary Public, State of Florida
My commission expires:

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 6 day of March, 2014, by JOSEPH A. WHITE, as Organizer and Authorized Representative of the Members, ☐ who is personally known to me or ☐ who produced Florida Driver's License as identification.



Gary C. Simons
Notary Public, State of Florida
My commission expires:

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ACCEPTANCE OF REGISTERED AGENT

for

PsychPro Care, LLC,
a Florida Limited Liability Company

Undersigned hereby states that he is familiar with the obligations of Registered Agent for the Company as provided by Chapter 608, Florida Statutes, and accepts the appointment as Registered Agent for the Company.

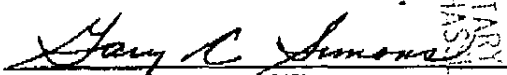
Signed this 6 day of March, 2014.


BRENT P. MRUZ, Registered Agent

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 6 day of March, 2014, by BRENT P. MRUZ, as Registered Agent, ☒ who is personally known to me or ☐ who produced _____ Driver's License as identification.




Notary Public, State of Florida
My commission expires:

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