

L14000047924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

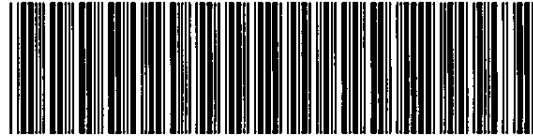
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-17676, 605

Office Use Only



000257778140

03/18/14--01017--023 **125.00

FILED
2014 MAR 21 A 9:26
FBI - MEMPHIS

B. BOSTICK
MAR 24 2014
EXAMINER

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD

PORT ST. LUCIE, FLORIDA 34952

(772) 335-5455

(772) 335-2503 FAX

March 4, 2014

Department of State

Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

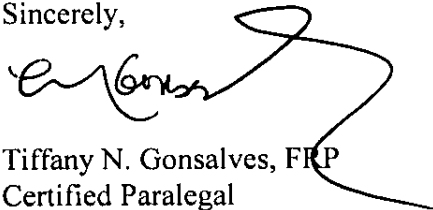
RE: Pathways Recovery Center, LLC

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent for the above-referenced new limited liability company. Please file the originals in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125.00, which covers the filing and registered agent designation fees. Thank you for your assistance in this matter.

Sincerely,



Tiffany N. Gonsalves, FRP
Certified Paralegal

Enc.

2014 MAR 21 A 9:26
FBI

ARTICLES OF ORGANIZATION
OF
PATHWAYS RECOVERY CENTER, LLC

The undersigned, for the purpose of forming a limited liability company under the Revised Florida Limited Liability Company Act, Chapter 605, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Pathways Recovery Center, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The street address of the principal office and the mailing address of the Company shall be 1290 Denlow Lane, Royal Palm Beach, FL 33411.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Member(s). The Managing Member(s) of the Company shall be Michael Andre and Hilary Tahquechi. The Member(s) of the Company are as follows:

Michael Andre
11 Pinetree Circle
Tequesta, FL 33469

Hilary Tahquechi
1290 Denlow Lane
Royal Palm Beach, FL 33411

ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.


ARTICLE VI -SURVIVORSHIP

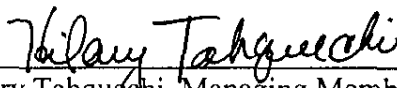
In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

FILED
MAR 21 A 9 26
CLERK OF THE COURT
STATE OF FLORIDA

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, Esquire, 1595 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.


Michael Andre, Managing Member


Hilary Tahquechi, Managing Member

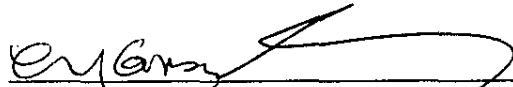
**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Michael Andre and Hilary Tahquechi, who produced na as identification or who are personally known to me and who executed the foregoing Articles of Organization, and they acknowledged before me that they executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 4th day of march, 2014.

(S E A L)




Notary Public State of Florida at Large
Printed Signature:
My Commission No:
My Commission Expires:

FILED
2014 MAR 21 A 9 26
ST. LUCIE COUNTY, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.



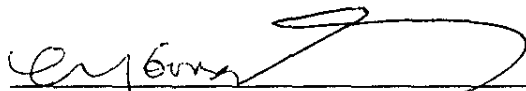
RICKEY L. FARRELL, ESQUIRE
Registered Agent

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 5th day of March, 2014.

(S E A L)



Notary Public State of Florida at Large
Printed Signature:
My Commission No:
My Commission Expires:

2014 MAR 21 A 9:26
E.L. 30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2014

TIFFANY N. GONSALVES
1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

SUBJECT: PATHWAYS RECOVERY CENTER, LLC
Ref. Number: W14000017676

We have received your document for PATHWAYS RECOVERY CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 414A00005986

FILED
2014 MAR 21 A 9:26
TALLAHASSEE, FLORIDA