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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : VCORP SERVICES, LLC Account Number : 120080000067	
	Phone : (845)425-0077 Fax Number : (845)818-3588 **Enter the email address for this business ontity to be used for futur annual report mailings. Enter only one email address please.**	John John John John John John John John
	Email Address: Artentices & Verpservices.com	~
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	ARTICLESOFORGANIZAT	NON FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE 1 - Na The name of the L	ame: Limited Liability Company i:	s ?				
<u>Behavioral Hea</u>	Ith Solutions of Palm Bea		_			
	(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - A						
The mailing addre	ess and street address of the	principal office of the Limited Liability Company is:				
	A ciclenna+	Mailing Address;				
Principal Office	Addition					

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the re	gistered agent are:		E S	914	
Vcorp Services, LLC			主任	MM	~ n
	Name			_	=
5011 South State Roa Florida street address (P		table)	E.FL	h h	m D
Davie	Բե	33314	ORI	çç	
City		Zip	DA	$\frac{1}{3}$	

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. 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 relating 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

Ghapter 605, F.S., 1. ller PAGE

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Adam J Schreiber
	7444 Long Ave. Skokie. IL 60077
AMBR	Batva Klein
	7444 Long Ave. Skokie. IL 60077
AMBR	Paresh Vipani
· · ·	7444 Long Ave, Skokie, IL 60077
·····	
(Use attachment if necessary)	

ARTICLE VI: Other provisions, if any,

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REQUIRED SIGNATURE:		-
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume	 :nt	
constitutes an affirmation under the penalties of perfury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	TYL:	2014
Adam J Schreiber		MAN
Typed or printed name of signee	SS	Ē
Filing Fees:	ing.	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	FLO	, - 0
\$ 5.00 Certificate of Status (Optional)	R	- 1 - 1

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Page 2 of 2

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