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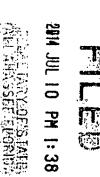
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JUL 10 2014 D. BRUCE

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT: Universa	al Mental Health Services Name of Lim	LLC nited Liability Company	<del></del>		
	of Organization and fee(s) ar	-			
Please return all corres	pondence concerning this ma	atter to the following:			
<u>Ty keasha</u>	a Brown	Name of Person			
<u>Universal</u>	Mental Health Services L	LC Firm/Company			
<u>510 N.W.</u>	199 Street	Address			
<u>Miami, FL</u>	<u>. 33143</u>	ity/State and Zip Code			
ciniie@vahoo.co		ny/state and Esp Code			
01111000901100.00	E-mail address: (to be used	for future annual report notifica	tion)		
For further information	concerning this matter, plea	se call:			
Ty Keasha Brown Nam	at (3		ephone Number	2014 JUL 1	
Enclosed is a check for	the following amount:		55 (2) St. (2)	0	
☐ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclose	PH 1: 38	

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
, , , ,		
Universal Mental Health Services LLC. (Must end with the words "Limited I	Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability (	Company is:
Principal Office Address:	Mailing Address:	
510 NW 199th Street Miami, FL. 33143	Same as above.	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration). The name and the Florida street address of the registered as	Registered Agent. You must .)	
	agent are.	
<u>Charles Inije</u> Name		-
20401 NW 2nd Avenue Suite 2 Florida street address (P.O. Box		-
Miami Gaerdens	FL 33169	-
City	Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli Chapte	the appointment as registere of all statutes relating to the p	d agent and agree to act in this roper and complete performance
Registered Agent's Signat	ure (REQUIRED)	
(CONTINUE	ED)	AL TO
Page 1 of 2		

<u> Fitle:</u>	Name and Address:	
'AMBR" = Authorized Member 'MGR" = Manager		
Manager	Ty Keasha Brown	
	510 NW 199th Street	
	Miami, FL. 33143	
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9	0 days
Use attachment if necessary)  E.V: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  E.VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 9	00 days
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9	00 days
EV: Effective date, if other than the date entire date is listed, the date must be spot filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	mber or an authorized representative of a member.	<b>~</b> 3
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60); constitutes an affirmation under the constitutes are affirmatio	mber or an authorized representative of a member.	2014
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)  EVI: Other provisions, if any.  Signature of a mere (In accordance with section 60 constitutes an affirmation unde I am aware that any false inforrective date in the constitutes are applied to the constitutes are applied to the constitutes are affirmation unde I am aware that any false inforrective date in the constitutes are affirmation unde I am aware that any false inforrective date in the constitutes are affirmation unde I am aware that any false inforrective date in the constitutes are affirmation unde I am aware that any false inforrective date is listed, the date must be spot affirmation and the constitutes are affirmation unde I am aware that any false inforrective date is listed, the date must be spot affirmation and the constitutes are affirmation unde I am aware that any false inforrective date is listed, the constitutes are affirmation unde I am aware that any false inforrective date is listed.	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true contains submitted in a document to the Department of State and the contains and the contains the	2014
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