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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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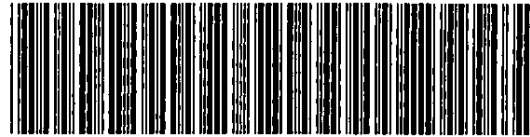
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2014

STEWART GOLD
100 SE 3RD AVE SUITE 1101
FT LAUDERDALE, FL 33394

SUBJECT: PALM BEACH RECOVERY CENTER, LLC
Ref. Number: W14000039969

We have received your document for PALM BEACH RECOVERY CENTER, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00013967

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Beach Recovery Center, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stewart Gold
Name of Person

Advanced Recovery Systems, LLC
Firm/Company

100 SE 3rd Avenue, Suite 1101
Address

Ft. Lauderdale, FL 33394
City/State and Zip Code

SGold@advancedrecoverysystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stewart Gold at (734) 945-1662
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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
OF
PALM BEACH RECOVERY CENTER, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is Palm Beach Recovery Center, LLC.

ARTICLE II – Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida Law.

ARTICLE III – Address of Principal Office

The address of the principal office shall be: 100 SE 3rd Avenue, Suite 1101, Ft. Lauderdale, FL 33394.

ARTICLE VI – Registered Agent

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 E. Broward Blvd., Suite 1800, Fort Lauderdale, FL 33301

ARTICLE V – Management

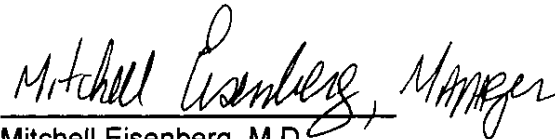
The Limited Liability Company is to be manager-managed and the name and address of the two (2) managers are:

Mitchell Eisenberg
100 SE Third Street, Suite 1101
Fort Lauderdale, FL 33394

Lewis D. Gold
100 SE Third Street, Suite 1101
Fort Lauderdale, FL 33394

The managers of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned member has executed these Articles the 17th day of July, 2014.


Mitchell Eisenberg, M.D.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY 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:

Palm Beach Recovery Center, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")
200 E. Broward Blvd., Suite 1800
Fort Lauderdale, Florida 33301

By: _____

Ellen Gilmore, For the Firm

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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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.

Ellen Gilmore, For the Firm (Signature)

June 24, 2014
(Date)