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**FLORIDA LIMITED LIABILITY CO.
Origins Behavioral HealthCare of Florida, LLC**

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**ARTICLES OF ORGANIZATION
OF
ORIGINS BEHAVIORAL HEALTHCARE OF FLORIDA, LLC**

The undersigned, as the organizing member of a limited liability company under the Revised Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I

Name

The name of the Company is Origins Behavioral HealthCare of Florida, LLC.

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address is 1114 Lost Creek Blvd, Suite 500, Austin, TX 78746.

ARTICLE III

Initial Registered Agent and Office

The street address of its initial registered office of the Company is 1200 South Pine Island Road, Plantation, FL 33324, and the name of its initial registered agent at that address is NRAI Services, Inc.

ARTICLE IV

Authorized Representative

The name and address of the authorized representative of the organizing member of the Company are:

Name

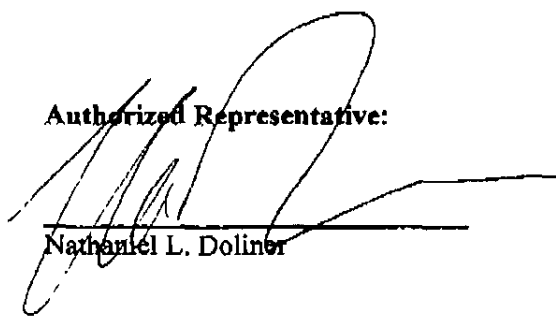
Nathaniel L. Doliner

Address

4221 W. Boy Scout Blvd.
Suite 1000
Tampa, FL 33607

Dated this 29th day of October, 2014.

Authorized Representative:


Nathaniel L. Doliner

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 29th day of October 2014.

REGISTERED AGENT:

NRAI Services, Inc.

By:

Gwendolyn Andrews

Name: Gwendolyn Andrews

Title: Special Assistant Secretary