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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
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RESILIENT MENTAL HEALTH, LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
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- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
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- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
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- UCC 11 Search \_\_\_\_\_
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ARTICLES OF ORGANIZATION

OF

RESILIENT MENTAL HEALTH, LLC

AGREEMENT made as of the 11 day of November, 2014, by  
GARY C. HANKINS, M.D. and KIM E. HANKINS, (hereinafter the Members  
or individually the Member);

NOW THEREFORE, it is mutually agreed as follows:

ARTICLE I

FORMATION OF LIMITED LIABILITY COMPANY

The Members hereby create a limited liability company (the  
"LLC") under Chapter 605, Florida Statutes, the laws of the State  
of Florida (the "Act") for the purposes described in Article III  
below.

ARTICLE II

NAME

The name of the LLC shall be **RESILIENT MENTAL HEALTH, LLC**, or  
such other name selected by the Members as may be acceptable to the  
appropriate recording official of the State of Florida.

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**ARTICLE III**  
**PURPOSES AND POWERS**

The LLC is authorized to engage in any business or businesses authorized by the laws of the State of Florida, and in general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things herein set forth to the same extent as a natural person might or could do.

Nothing herein contained shall be deemed or construed as authorizing or permitting, or purporting to authorize or permit the LLC to carry on any business, exercise any power, or do any act which a limited liability company may not, under the laws of the State of Florida, lawfully carry on, exercise, or do.

**ARTICLE IV**  
**PRINCIPAL PLACE OF BUSINESS**

The mailing address of the principal office of the LLC shall be 3326 NW 5<sup>th</sup> Avenue, Gainesville, Florida 32607, and the street address of the principal office of the LLC shall be 3326 NW 5<sup>th</sup> Avenue, Gainesville, Florida 32607, or at such other location as may be agreed in writing by the Members.

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**ARTICLE V**

**DURATION**

This Agreement shall be come effective on the date hereof, and the LLC shall have perpetual existence.

**ARTICLE VI**

**LIMITED LIABILITY COMPANY POWERS**

All the LLC powers shall be exercised by or under the authority of, and the business and affairs of this LLC shall be managed under the direction of the Manager of this LLC. This article may be amended from time to time in the regulations of the LLC by a unanimous vote of the Members of the LLC.

**ARTICLE VII**

**MANAGEMENT**

The LLC is to be managed by a Manager, and is, therefore, a manager-managed company. The name and address of such Manager who is to serve as Manager is:

<u>NAME</u>	<u>ADDRESS</u>
GARY C. HANKINS, M.D.	3326 NW 5 <sup>th</sup> Avenue Gainesville, Florida 32607

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**ARTICLE VIII**

**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the LLC is 3326 NW 5<sup>th</sup> Avenue, City of Gainesville, County of Alachua, State of Florida 32607, and the name of its initial registered agent at such address is **GARY C. HANKINS, M.D.**

**ARTICLE IX**

**RESTRICTIONS ON MEMBERSHIP**

Members shall have the right to admit new members by the written consent of the Members of the LLC as provided for in the Regulations adopted by the Members. Contributions required of new members shall be determined as of the time of admission to the LLC.

A Member's interest in the LLC may not be sold or otherwise transferred except as shall be provided in the regulations adopted by the Members.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member, or the occurrence of any other event that terminates the continued membership of a Member in the LLC, the LLC shall continue unless the Members, by unanimous vote, dissolve the LLC.

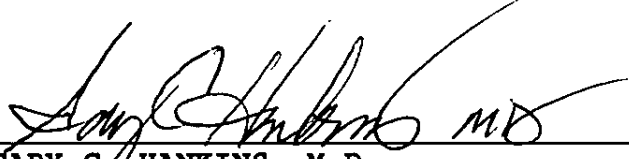
The undersigned, being the original Members of the LLC, hereby certify that the foregoing constitutes the proposed Articles of Organization of RESILIENT MENTAL HEALTH, LLC, a Florida limited liability company.


ARTICLE X

AMENDMENT TO ARTICLES OF ORGANIZATION

Except as otherwise provided herein, the Members of the LLC reserve the right to amend, alter, change or repeal any provision contained herein in the manner now or hereafter prescribed by law and all rights conferred upon the Members herein are granted subject to this reservation.

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledge them to be our act this 11 day of November, 2014.

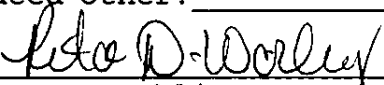
  
\_\_\_\_\_  
GARY C. HANKINS, M.D.  
Member

  
\_\_\_\_\_  
KIM E. HANKINS  
Member

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 11 day of November, 2014, by **GARY C. HANKINS, M.D.**, a Member of RESILIENT MENTAL HEALTH, LLC, a Florida limited liability company, [] who has produced a driver's license issued within 5 years from date as identification; OR [] who is personally known to me; OR [] who produced Other: \_\_\_\_\_, as identification.

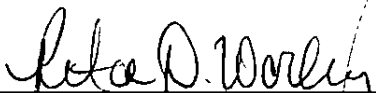
  
Notary Public  
Printed Name: **RITA D. WORLEY**  
Commission No.:

My Commission Expires:  
(Affix Notary Seal)



STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 11 day of November, 2014, by **KIM E. HANKINS**, a Member of RESILIENT MENTAL HEALTH, LLC, a Florida limited liability company, [] who has produced a driver's license issued within 5 years from date as identification; OR [] who is personally known to me; OR [] who produced Other: \_\_\_\_\_, as identification.

  
Notary Public  
Printed Name: **RITA D. WORLEY**  
Commission No.:

My Commission Expires:  
(Affix Notary Seal)



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

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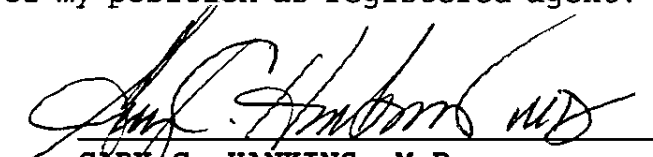
Pursuant to the provisions of Chapter 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

(1) The name of the limited liability company is **RESILIENT MENTAL HEALTH, LLC.**

(2) The name and address of the registered agent and office is **GARY C. HANKINS, M.D., 3326 NW 5<sup>th</sup> Avenue, Gainesville, Florida 32607.**

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: 11/11, 2014.

  
\_\_\_\_\_  
**GARY C. HANKINS, M.D.**  
Registered Agent