

L15000001205

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000002469 3)))



H150000024693ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 471-0894

FILED
2015 JAN -5 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bmanna@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.
Mental Health Owner, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
15 JAN -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
OF
MENTAL HEALTH OWNER, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

MENTAL HEALTH OWNER, LLC

ARTICLE II
ADDRESS

The street address and mailing address of the principal office is:

2328 10th Avenue N., Suite 301
Lake Worth, FL 33461

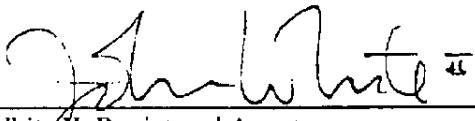
ARTICLE III
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

The name and the Florida street address of the registered agent and office are:

John White II
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, Florida 33401

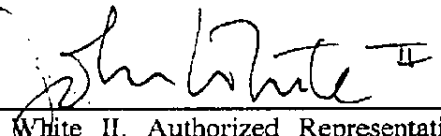
FILED
2015 JAN -5 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



John White II, Registered Agent

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 2nd day of January, 2015.



John White II, Authorized Representative of the Members

H:\10076\22908\DArticlesOfOrganizationMentalHealthOwnerLLCBMM /bmm

FILED
2015 JAN -5 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA