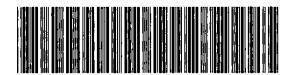
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# **COVER LETTER**

Division of Corporations		
SUBJECT: SunCare Psychiatric Services, LL	_C	
Name of Lir	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Richard E Huff, Jr., Esq.		
	Name of Person	
Huff Law, PLLC	F: (0	
	Firm/Company	
1744 N. Belcher Rd., Suite 150		
	Address	
Clearwater, FL 33765	SituiState and 7: Code	
	City/State and Zip Code	
carl.mclean@hotmail.com E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, ple	ase call:	
Dishard Editor In East	707	
Richard E. Huff, Jr., Esq. at (at (	727 ) 386-4240 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street/Courier Address	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION

**OF** 

### SUNCARE PSYCHIATRIC SERVICES, LLC

The undersigned executes these Articles of Organization of SunCare Psychiatric Services, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

#### ARTICLE I. NAME

The name of the limited liability company is SunCare Psychiatric Services, LLC.

### **ARTICLE II. ADDRESS**

The mailing and street address of the principal office of the limited liability company is 1662 McKay Ct., Dunedin, FL 34698.

#### ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 1662 McKay Ct., Dunedin, FL 34698, and the name of the limited liability company's initial registered agent at that address is Carl McLean.

Having been named to accept service of process for the above stated 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.

Carl McLean

# ARTICLE IV. AUTHORIZED MEMBER(S)

The name and address of the initial authorized member of the limited liability company McLean, 1662 McKay Ct., Dunedin, FL 34698.

#### ARTICLE V. MANAGEMENT OF COMPANY

The limited liability company is a member-managed limited liability company.

EXECUTED: February 5, 2015

Carl McLean, Member