

L150001045993

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.

(((H15000104599 3)))



H150001045993ABC1

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 : ROBINSON ACCOUNTING SERVICE
Account Number : I20030000126
Phone : (850) 769-2331
Fax Number : (850) 769-0269

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

Email Address: _____

FILED
15 APR 29 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
EMERALD COAST BEHAVIORAL CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

REC-11
15 APR 29 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

Fax Audit No: (((H15000104598 3)))

ARTICLES OF ORGANIZATION
OF
EMERALD COAST BEHAVIORIAL CONSULTING, LLC
a Florida Limited Liability Company

ARTICLE I - NAME

The name of the Limited Liability Company is EMERALD COAST BEHAVIORIAL CONSULTING, LLC.

ARTICLE II - ADDRESS

The mailing address of the Company is: 5017 Oak Ave., Youngstown, FL 32466. The street address of the Company is: 5017 Oak Ave., Youngstown, FL 32466.

ARTICLE III - DURATION AND CONTINUATION

The Company's existence will commence upon the filing of these Articles with the Florida Department of State, and the Company will exist perpetually, unless terminated in accordance with the Company's Operating Agreement.

ARTICLE IV - PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE V - ADDITIONAL MEMBERS

Additional members may be admitted and the terms and conditions of the admissions shall be that each member consents in writing to the admission of the additional member.

ARTICLE VI - MEMBER'S RIGHTS TO CONTINUE BUSINESS

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company upon unanimous consent of the remaining members.

FILED
 15 APR 29 AM 8:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Fax Audit No: (((H15000104599 3)))

ARTICLE VII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers for purposes of s. 605.0407. The name and address of the manager(s) is, as follows:

Tawnya Y. Crider, AMBR
5017 Oak Ave.
Youngstown, FL 32466

IN WITNESS THEREOF, we have set our hands and seals, acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, this ___ day of April, 2015.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

EMERALD COAST BEHAVIORAL CONSULTING, LLC

a Florida Limited Liability Company



By: [Signature]
Tawnya Y. Crider., AMBR

STATE OF FLORIDA
COUNTY OF BAY

BEFORE ME personally appeared Tawnya Y. Crider, who executed the foregoing Articles of Organization and acknowledged before me that the same were executed for the purposes and intents therein expressed.

WITNESS MY hand and official seal in the county and state named above this 29th day of April, 2015.

[Signature]
Notary Public

MICHAEL ROBINSON
Printed Name of Notary
My Commission Expires: 5/19/16

Personally known [check] or produced identification __.
Type of Identification produced __.

Fax Audit No: (((H15000104599 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Emerald Coast Behavioral Consulting, LLC.
2. The name and the Florida street address of the registered agent is:

Tawnya Y. Crider
5017 Oak Ave.
Youngstown, FL 32466

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, 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 as provided for in Chapter 605, F.S..


Tawnya Y. Crider, Registered Agent

FILED
15 APR 29 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA