

L15000101721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

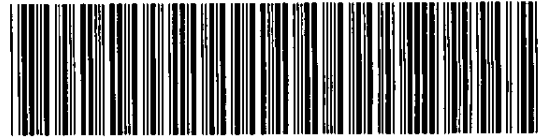
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
15 JUN 11 PM 3:52

15 JUN 11 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
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1/14



Wolters Kluwer  
Corporate Legal Services

CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
www.ctcorporation.com

June 11, 2015

Dr. Jonothan Werner  
21 Avenida S.O. No. 88-Col. Trejo  
Apartado 500  
San Pedro Sula  
Honduras

Re: Order #: 9585526 SO  
Customer Reference 1: 46636.0001  
Customer Reference 2:

Dear Dr. Jonothan Werner :

Please obtain the following:

TREATMENT ALTERNATIVES HOLDINGS II, LLC (FL)  
Formation  
Florida

TREATMENT ALTERNATIVES HOLDINGS II, LLC (FL)  
Cert Copy of Articles of Org  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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AND  
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**ARTICLES OF ORGANIZATION  
OF  
TREATMENT ALTERNATIVES HOLDINGS II, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
Name**

The name of the Limited Liability Company is **TREATMENT ALTERNATIVES HOLDINGS II, LLC** (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is located at 7000 N. Federal Highway, Suite 201, Boca Raton, Florida 33487.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Alana Manko, and the address of the Company's registered office is 7000 N. Federal Highway, Suite 201, Boca Raton, Florida 33487.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a member-managed company and the name and address of the initial member is Steven Manko and Alana Manko, husband and wife, as tenants by the entireties, 7000 N. Federal Highway, Suite 201, Boca Raton, Florida 33487.

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AND  
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**CERTIFICATE OF DESIGNATION  
OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

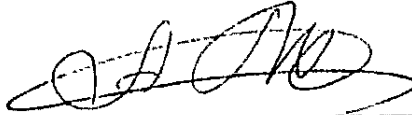
1. The name of the limited liability company is: **TREATMENT ALTERNATIVES HOLDINGS II, LLC**
2. The name and address of the registered agent and office is: Alana Manko, 7000 N. Federal Highway, Suite 201, Boca Raton, Florida 33487.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*



Alana Manko

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization of **TREATMENT ALTERNATIVES HOLDINGS II, LLC** this 11th day of June, 2015.

A handwritten signature in black ink, appearing to read 'Alana Manko', is written over a horizontal line.

Alana Manko  
Authorized Representative