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K. SALY EXAMINER

JUN 23 -

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 6/27/16
ENTITY NAME:
EBB TIDE TREATMENT, LLC
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy
Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
APOSTILLE'/NOTARIAL CERTIFICATION:
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 55.00 CHECK NUMBER: PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff President

FILED
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IALLAHASSEE, FLORIDA

AMENDED AND RESTATED ARTICLES OF ORGANIZATION

OF

EBB TIDE TREATMENT, LLC

Pursuant to the provisions of Section 605, Florida Statutes, this Florida limited liability company submits the following to amend and restate its Articles of Organization:

FIRST: The name of the limited liability company is:

Ebb Tide Treatment, LLC

SECOND: The Articles of Organization for this Limited Liability Company were filed on September 4, 2015 and assigned Florida document number L15000149247;

THIRD: The Amended and Restated Articles of Organization filed on March 16, 2016 were not authorized by the Members; and

FOURTH: Accordingly, the Articles of Organization are hereby amended and restated in their entirety to read:

ARTICLE 1-Name:

The name of the Limited Liability Company is:

True Recovery Treatment, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3314 Southern Cay Drive Jupiter, FL 33477

ARTICLE III-Registered Agent and Registered Office:

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

NRAI Services, Inc. 1200 South Pine Island Road Plantation, FL 33324

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 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, Florida Statutes.

Signature of Registered Agent

Sharon K. Cray Assistant Secretar

Typed or printed name of signed

ARTICLE IV -Members

The name and address of each person authorized to manage and control the Limited Liability Company:

Title

Name and Address

Authorized Member

Joseph K. Donovan 3314 Southern Cay Drive Jupiter, FL 33477

Authorized Member

John Fowlds, Jr. 932 Shore Drive North Palm Beach, FL 33408

IN WITNESS WHEREOF, I have signed these Articles of Organization as a Member and acknowledge them to be my act this 21st day of June, 2016.

Signature of a Member

(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 Section 817.155, F.S.)

Typed or printed name of Member

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