

L15000200470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500277994565

11/20/15--01021--028 **130.00

FILED

15 NOV 20 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 4 2015
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL STATE BEHAVIORAL HEALTH CENTER, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUDEL BONNE

Name of Person

ALL STATE BEHAVIORAL HEALTH CENTER, LLC.

Firm/Company

18501 PINES BLVD. SUITE 106

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

RAUDEL.BONNE@YAHOO.ES

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUDEL BONNE

786

356-8318

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 NOV 20 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL STATE BEHAVIORAL HEALTH CENTER, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

18503 PINES BLVD. SUITE 308
PEMBROKE PINES, FL 33029

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RAUDEL BONNE

Name

18503 PINES BLVD. SUITE 308

Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL 33029

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 NOV 20 PM 1:20
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

RAUDEL BONNE
18503 PINES BLVD. SUITE 308
PEMBROKE PINES, FL 33029

MGR

MANUEL ZAMORA JR.
18503 PINES BLVD. SUITE 308
PEMBROKE PINES, FL 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/10/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

RAUDEL BONNE

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
15 NOV 20 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA