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From:

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Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 290-1590

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Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.

Recovery Institute of the Southeast, LLC

Certificate of Status	1
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February 9, 2016

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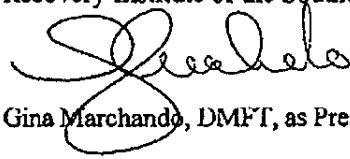
RE: Recovery Institute of the Southeast, P.A., a Florida corporation (the "Corporation")
Document No.: P14000029629

Dear Sir/Madam:

I am the President of the above referenced corporation, Recovery Institute of the Southeast, P.A. The Corporation hereby authorizes the formation of Recovery Institute of the Southeast, LLC, a Florida limited liability company and allows the limited liability company to share its name, Recovery Institute of the Southeast.

Please contact my office should you have any questions regarding the above.

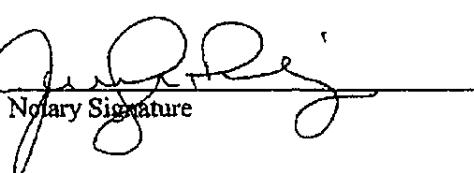
Recovery Institute of the Southeast, P.A.



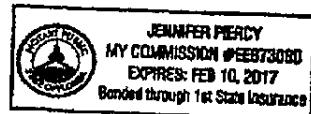
Gina Marchando, DMFT, as President

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 11th day of February, 2016, by Gina Marchando, DMFT, as President of Recovery Institute of the Southeast, P.A., (✓) who is personally known to me OR () who produced _____ as identification.



Notary Signature



**ARTICLES OF ORGANIZATION
OF
RECOVERY INSTITUTE OF THE SOUTHEAST, LLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

RECOVERY INSTITUTE OF THE SOUTHEAST, LLC

ARTICLE II
ADDRESS

The street address and mailing address of the principal office is:

2328 10th Avenue N., Suite 301
Lake Worth, FL 33461

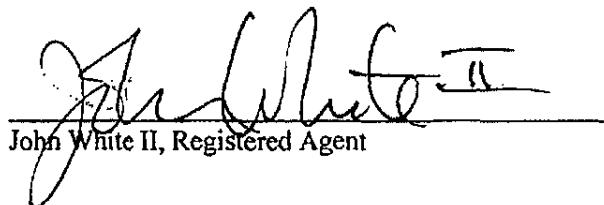
ARTICLE III
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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

John White II
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, Florida 33401

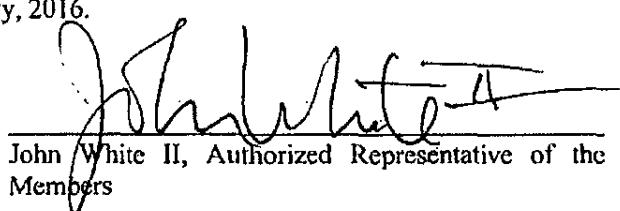
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Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



John White II, Registered Agent

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 12 day of February, 2016.



John White II, Authorized Representative of the Members

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