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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

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	egistration Section ivision of Corporations
SUBJECT	SILVER LINING COUNSELING OF LAKELAND, LLC
Se Bolle 1	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	PETER J. MUNSON, ESQUIRE
	Name of Person
	CLARK CAMPBELL LANCASTER & MUNSON, P.A.
	Firm/Company
	500 S. FLORIDA AVENUE, SUITE 800
	Address
	LAKELAND, FL 33801
,	City/State and Zip Code walkerri@chaptershealth.org
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Peter J. Munson 863 647-5337 at (
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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SECHETARY OF STATE

ARTICLES OF ORGANIZATION

OF

SILVER LINING COUNSELING OF LAKELAND, LLC

The undersigned for the purpose of forming a limited liability company pursuant Chapter 605, Florida Statutes, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be SILVER LINING COUNSELING OF LAKELAND, LLC.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business and the address of the Company in Florida shall be 604 Hinton Crescent Circle, Lakeland, Florida 33803, and its mailing address is the same.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Ferrica T. Walker, 604 Hinton Crescent Circle, Lakeland, Florida 33803.

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, Florida Statutes.

FERRICA T. WALKER, Registered Agent

ARTICLE IV – MANAGEMENT

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

Liability Company:

TITLE

NAME AND ADDRESS

"MGRM" = Managing Member

Ferrica T. Walker 604 Hinton Crescent Circle Lakeland, Florida 33803

ARTICLE V - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful

business for which a limited liability company may be organized under the laws of the State of

Florida in connection therewith. The Company shall have all the powers granted to a limited

liability company under the laws of the State of Florida.

<u>ARTICLE VI - ADDITIONAL MEMBERS</u>

(i) The Members may admit to the Company additional Member(s) to participate in the

profits, losses, available cash flow, and ownership of the assets of the Company on such terms as

are determined by all of the Members, (ii) admission of any such Additional Member(s) requires

the written consent of all Members, and (iii) any Additional Members are allocated gain, loss,

income or expense by the method provided in these Regulations, and if no method is specified,

then as may be permitted by Section 706(d) of the Code.

ARTICLE VII - CONTINUATION OF BUSINESS

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member,

or the occurrence of any other event that terminates the continued membership of a member in

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the limited liability company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

SIGNATURE:

Signature of a member or an authorized representative 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 s.817.155, F.S.)

FERRICA T. WALKER

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