

# L16000067556

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : BRENNAN, MANNA & DIAMOND, P.L.  
Account Number : I20040000104  
Phone : (904) 366-1500  
Fax Number : (904) 366-1501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: CAWALKER@BMDPL.COM

RECEIVED

16 APR -6 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
Victoria Behavioral Health Hospital LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR -6 PM 12:52

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Victoria Behavioral Health Hospital 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:

Christopher A. Walker

Name of Person

Brennan, Manns, and Diamond, P.L.

Firm/Company

800 West Monroe Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

cawalker@bmdpl.com

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

For further information concerning this matter, please call:

Christopher A. Walker

904

366-1500

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Victoria Behavioral Health Hospital 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:115 N Riverside Drive, Suite 207  
Pompano Beach, Florida  
33062Mailing Address:115 N Riverside Drive, Suite 207  
Pompano Beach, Florida  
33062

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Christopher A. Walker

Name

800 West Monroe StreetFlorida street address (P.O. Box **NOT** acceptable)JacksonvilleFlorida32202

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)

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2016 APR -6 PM 12:52  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

CQA Holdings

115 N Riverside Drive, Suite 207

Pompano Beach, Florida 33062

MGR

1010 Develop Corp

115 N Riverside Drive, Suite 207

Pompano Beach, Florida 33062

AMBR

CQA Holdings

115 N Riverside Drive, Suite 207

Pompano Beach, Florida 33062

AMBR

Lovina Realty LLC

115 N Riverside Drive, Suite 207

Pompano Beach, Florida 33062

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Christopher A. Walker

Typed or printed name of signee

**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)

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AMBR

Capital Investments and Solutions Corp.  
115 N Riverside Drive, Suite 207  
Pompano Beach, Florida 33062

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