

**LLC 135523**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000174227 3)))



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

From:  
Account Name : SUNBIZ SUPPORT; LLC  
Account Number : I20160000052  
Phone : (407)369-8000  
Fax Number : (407)992-8637

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

Email Address: \_\_\_\_\_

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16 JUL 20 PM 12:44

STATE OF FLORIDA  
JUL 20 2016

**FLORIDA LIMITED LIABILITY CO.  
CONNECTIONS ADDICTION TREATMENT CENTER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

16 JUL 20 AM 6:34

FILED

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CONNECTIONS ADDICTION TREATMENT CENTER, LLC

## ARTICLE II - Address:

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

Principal Office Address:2699 STERLING ROAD, SUITE 203C  
HOLLYWOOD FL 33312Mailing Address:2699 STERLING ROAD, SUITE 203C  
HOLLYWOOD FL 33312

## 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:

SunBiz Support, LLC  
16913 Lakeside Drive  
Montverde, FL 34756

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16 JUL 20 AM 8:34  
SUNBIZ SUPPORT, LLC  
16913 LAKESIDE DRIVE  
MONTVERDE, FL 34756

*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.*

Gina Jenkins,*Gina Jenkins*  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

DR. ROBERT SANCHEZ

709 SE 3RD COURT

DANIA BEACH FL 33004

AMBR

GREGORY KITZEN

2317 PALM HARBOR DR

PALM BEACH GARDENS FL. 33410

(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:****Electronic Signature:** //S// DR. ROBERT SANCHEZ**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.

DR. ROBERT SANCHEZ

Typed or printed name of signee

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