

LI 6000164228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

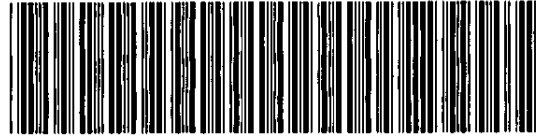
(Business Entity Name)

(Document Number)

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9/6/16

**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue. Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

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- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC \_\_\_\_\_

1. LIFESPAN BEHAVIOR SERVICES, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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16 SEP -6 PM 4:12  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

SPECIAL INSTRUCTIONS: Angellehillygusa@yahoo.com

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
16 SEP -8 PII 4: 12  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
OSCEOLA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LIFESPAN BEHAVIOR SERVICES, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

1 Pecan Course Place  
Ocala, FL 34472

**Mailing Address:**

P. O. Box 830392  
Ocala, FL 34483

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

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

**ANGELLE N. HILLYGUS  
1 Pecan Course Place  
Ocala, FL 34472**

*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.*

  
\_\_\_\_\_  
ANGELLE N. HILLYGUS

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**


**“MGR”**


**ANGELLE N. HILLYGUS  
P. O. Box 83092  
Ocala, FL 34483**

**“MGR”**

**ANDREA TOBON  
2475 SE Highway 484  
Bellevue, FL 34420**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

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 in s.817.155, F.S.

**ANGELLE N. HILLYGUS**

**ANDREA TOBON**

Typed or printed name of signatures

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DEPARTMENT OF STATE