Florida Department of State pora ons

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00900023

Phone : (512)418-6949

Fax Number : (954)208-0845 Fax Number : (954)208-0845

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

JusticeWorks FL, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLESO	ORGANIZATION FOR	RFLORIDA LIMITE	DI JARRILITY COMPANY	A C C S S S
ARTICLE I - Name: The name of the Limited Liabilit				CRETARY
JusticeWorks FL, LL	С			m Cil.
(Must conta	in the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	3
ARTICLE II - Address: The inxiling address and street ad	,	office of the Limited		OF STATE
Principa	d Office Address:		<u>Mailing Address</u> :	
1500 Ardmore Blvd.		150	0 Ardmore Blvd.	
Suite 410		Suit	te 410	
Pittsburgh, PA 15221		Pitts	sbugh, PA 15221	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent, on.)	nt's Signature: You must designate an individual	or
	CT Corporation Syst	tems		
		Name		
	1200 South Pine Isla Florida street addres		eccptable)	
	Plantation	Florida	33324	
	Clty	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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

IQ;	Page	4	OI	

Title:	Name and Athlress:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Daniel S. Heit
MADE	1500 Ardmore Blvd., Suite 410
	Pittsburgh, PA 15221
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Building Better Futures for Youth and Community

1500 Ardmore Boulevard Suite 410 Sittsburgh, PA 15221 Telephone: (412) 342-1068 Fax: (412) 241-6675 Www.justiceworksyouthcare.com

June 13, 2017

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Notice of Same Principals for JusticeWorks FL, Inc. and JusticeWorks FL, LLC

To Whom It May Concern:

I understand that the name JusticeWorks FL, LLC is currently unavailable because it is the same as, or not distinguishable from, the name of an existing entity. The existing entity is JusticeWorks FL, Inc. I write to advise that I am the sole principal of JusticeWorks FL, LLC. I am also the sole shareholder of JusticeWorks FL, Inc. and JusticeWorks YouthCare, Inc.

Thank you in advance for accepting the Articles of Organization of JusticeWorks FL, LLC for filing. Should you have any questions, please feel free to contact the undersigned.

Besivegards,

Daniel S. Heit,
President of Justice Works FL, Inc. and

JusticeWorks YouthCare, Inc.;

Organizer of JusticeWorks FL, LLC