L17000213867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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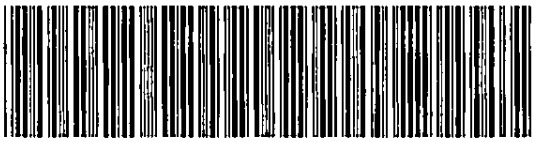

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2017

BETTYE BUCHANAN
1526 SW PAAR DRIVE
PORT SAINT LUCIE, FL 34953 US

SUBJECT: COMPREHENSIVE CARE, LLC
Ref. Number: W17000073816

We have received your document for COMPREHENSIVE CARE, LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

JUAN A REYES
Regulatory Specialist II

Letter Number: 617A00018697

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COMPREHENSIVE POSITIVE SOLUTIONS, 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:

BETTYE BUCHANAN

Name of Person

COMPREHENSIVE POSITIVE SOLUTIONS, LLC

Firm/Company

[illegible] SW PAAR DRIVE

Address

PORT SAINT LUCIE, FL [illegible]

City/State and Zip Code

[illegible]@yahoo.com

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

For further information concerning this matter, please call:

BETTYE BUCHANAN at 772 [illegible]-[illegible]

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)
- [x] $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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

COMPREHENSIVE POSITIVE SOLUTIONS, LLC
(Must contain 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:	**Mailing Address:**
1526 SW PAAR DRIVE	1526 SW PAAR DRIVE
PORT SAINT LUCIE, FL 34953-6137	PORT SAINT LUCIE, FL 34953-6137

ARTICLE III - Registered Agent, Registered Office, & 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 a street Florida registered agent.)

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

BETTYE BUCHANAN MAOM
Name

1526 SW PAAR DRIVE
Florida street address (P.O. Box **NOT** acceptable)

PORT SAINT LUCIE FL 34953-6137
City State Zip

Having been named 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.

Bettye Buchanan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV -

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

Title:	Name and Address:
AMBR = Authorized Member MGR = Manager MGR	BETTYE B. CHANAN 1224 SW PAAR DRIVE PORT SAINT LUCIE, FL 34953-6187
AMBR	MARILLA CLEIDA 4951 HAPPINESS STREET PORT PIERCE, FL 34982
AMBR	MARIA ROMO 1975 SE WEST GLENBROOKE CIRCLE PORT SAINT LUCIE, FL 34952
AMBR	ANNETTE TURNER 862 NW BAYSHORE BOULEVARD PORT SAINT LUCIE, FL 34983

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:

Bettye Buchanan

Signature of a member or an authorized representative of a member.

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.

BETTYE B. CHANAN

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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TALLAHASSEE, FLORIDA

ATTACHMENT

AMBR

VALERIE RICHARDS
1698 SE MARIANNA ROAD
PORT SAINT LUCIE, FL 34952

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