

Division of Corporations

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Florida Department of State

Division of Corporations

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From:

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Account Number : 071250001512
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Email Address:

Lross@fowler-white.com

**FLORIDA LIMITED LIABILITY CO.
AARON M. CASS CENTER FOR HEALING, LLC**

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**ARTICLES OF ORGANIZATION
OF
AARON M. CASS CENTER FOR HEALING, LLC**

ARTICLE I

The name of the limited liability company formed hereby is AARON M. CASS CENTER FOR HEALING, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

515 NORTH FLAGLER DRIVE, SUITE 2100,
WEST PALM BEACH, FL 33401

ARTICLE IV

The registered agent of the Limited Liability Company (the "Registered Agent") and its street address in the State of Florida are as follows:

FOWLER WHITE BURNETT, P.A.
1395 BRICKELL AVENUE, 14th FLOOR - LR
MIAMI, FLORIDA 33131

ARTICLE V

The name and address of the members are as follows:

Darlene Frisina
14318 Blackberry Drive
Wellington, FL 33414

Mark Sanchez
1140 University Boulevard 23
Jupiter, FL 33458

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
AND ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is AARON M. CASS CENTER FOR HEALING, LLC.

2. The name and address of the Registered Agent and Office is:

FOWLER WHITE BURNETT, P.A.
1395 BRICKELL AVENUE, 14th FLOOR - LR
MIAMI, FLORIDA 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

FOWLER WHITE BURNETT, P.A.

By: 

Laura Ross, Associate

Date: November 27, 2017

AARON M. CASS CENTER FOR HEALING, LLC,
a Florida limited liability company

By: 

Laura Ross,
as Authorized Representative
of the Member

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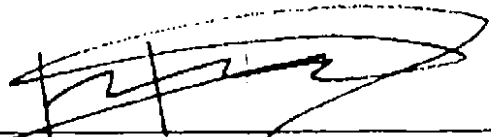
Lynda Benjamin
14318 Blackberry Drive
Wellington, FL 33414

ARTICLE VI

The effective date for this Limited Liability Company shall be:

November 20, 2017

Signature of member or an authorized representative of a member:



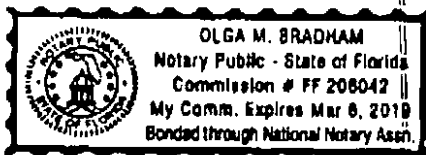
Laura Ross,
as Authorized Representative
of the Member

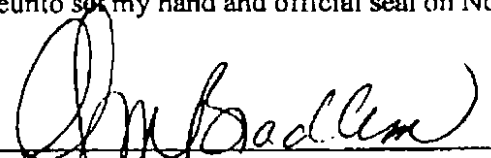
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)
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BEFORE ME personally appeared Laura Ross, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced a Florida driver's license as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on November 27, 2017.





Notary Public
Print Name: Olga M. Bradham
My Commission expires: _____

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