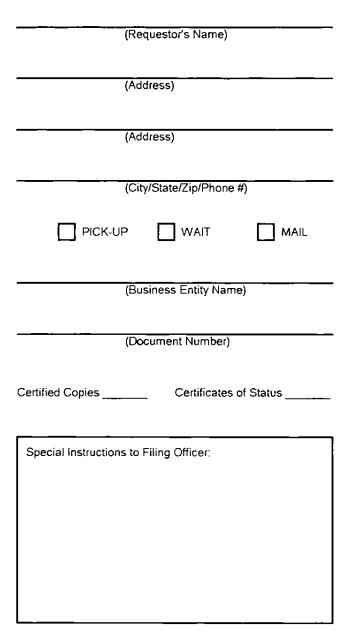
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COVER LETTER

TO: New Filing Section Division of Corporations
Comprehensive Treatment Options, LLC SUBJECT:
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:
Juante Vanterpool
Name of Person
Comprehensive Treatment Options, LLC
Firm/Company
4250 Alafaya Trail, Suite 212-248
Address
Oviedo Fl 32765
City/State and Zip Code
comprehensivetreatmentoptions@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juante Vanterpool 321 529-9997
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Molling Address Street Address

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 1 - Name:

The name of the Limited Liabil	ity Company is:		
Comprehensive Tre	atment Options, LLC		
(Must cor	stain the words "Limited I	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited I	Liability Company is:
Princi	pal Office Address:		Mailing Address:
3809 Greystone Legend Place		4250 Alafaya Trail, Suite 212-248	
Oviedo Fl. 32765		Oviedo Fl. 32765	
ARTICLE III - Registered Aş (The Limited Liability Compan	y cannot serve as its own	& Registered Agent Registered Agent. Y	
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registratio	& Registered Agent Registered Agent. Y	t's Signature:
ARTICLE III - Registered As (The Limited Liability Compananother business entity with an	y cannot serve as its own active Florida registratio	& Registered Agent Registered Agent. Y	t's Signature:
ARTICLE III - Registered As (The Limited Liability Compananother business entity with an	y cannot serve as its own active Florida registratio t address of the registered	& Registered Agent Registered Agent. Y	t's Signature:
ARTICLE III - Registered As (The Limited Liability Compananother business entity with an	y cannot serve as its own active Florida registratio t address of the registered	& Registered Agent. Y Registered Agent. Y n.) agent are:	t's Signature:
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registratio taddress of the registered Juante Vanterpool	& Registered Agent Registered Agent. Y n.) agent are: Name	t's Signature: ou must designate an individual or
ARTICLE III - Registered A	y cannot serve as its own active Florida registratio taddress of the registered Juante Vanterpool 3809 Greystone Lege	& Registered Agent Registered Agent. Y n.) agent are: Name	t's Signature: ou must designate an individual or

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized "MGR" = Manager	Member		
AMBR/MGR		Juante Vanterpool	
	•	3809 Greystone Legend Place	
		Oviedo Fl. 32765	

	•		
(Use attachment if nece	ssary)		
	•		
ocument's effective date on ICLE VI: Other provisions, i	•		
	if any.		
	if any.		
REQUIRED SIGNAT	URE: ignature of a member or a neument is executed in accorare that any false informati	interthorized representative of a member. Induction for the description of the department of State provided for in s.817.155, F.S.	
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