PAGE 01/03

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000012174 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200088800019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter 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. ADVANCE BEHAVIORAL CENTER LLC

| 1 |
|----------|
| |
| 0 |
| 03 |
| \$130.00 |
| |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR

18 JAN 10 PH 12: 01

| | 124 C 2 |
|---|--------------------------------|
| ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the word | |
| Advance Behavional Cent | ten LCC |
| ARTICLE II - Address: The mailing address and street address of the principal office of Company is: 1300 W 37 57 Hale | the Limited Liability |
| | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent Company cannot serve as its own Registered Agent. You must designate an individual with an active Florida registration.) (1511PROS) 13 | ual or another business entity |
| Haleab 2 330/2 | |
| | |
| ARTICLE IV- The name and title of each person authorized to manage and contability Company: Sonia (15 Menes | ontrol the Limited (AMBR) |
| | |
| | |
| | |

Required Signatures:

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

in accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Sonia T CISNEROS

Typed or printed name of signee

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)