

L190000016582

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CORE BEHAVIORAL HEALTH  
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:

WENDY PASKOW  
Name of Person

Firm/Company

15901 COLLINS AVE UNIT 402  
Address

SUNNY ISLES BEACH, FLA. 33160  
City/State and Zip Code

THEKEYTOHEALTH@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY PASKOW at ( 954 ) 610-2716  
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)    ☐ \$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:

CORE BEHAVIORAL HEALTH 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:

15901 COLLINS AVE # 402  
SUNNY ISLES BCH FLA 33160

SAME

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 an active Florida registration.)

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

Araron Paskow  
Name

15901 COLLINS AVE unit 402  
Florida street address (P.O. Box **NOT** acceptable)

Sunny Isles Beach FLA 33160  
City 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.,

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager

WENDY PABICAN - MGR  
15901 COLLINS AVE #402  
SUWAY ISKS BCH FL 33160

**ARTICLE VI:** Other provisions, if any.

Wendy PasKow

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

WENDY DASKOW  
Typed or printed name of signee

**\$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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U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535