## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (305)552-5973

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## FLORIDA LIMITED LIABILITY CO. ALL MENTAL HEALTH SERVICES LLC

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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
All Hental Heath Sexuices LCC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Company is:	은 20 ed Liability 실
11700 SW 77th Ave. PLANI, FC 33156	15 P
HIAMI, FC 33156	
	<u> </u>
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Lim Company cannot serve as its own Registered Agent. You must designate an individual or another business en with an active Florida registration)  MAZIA J (DIAZO EXPOSITO)  11700 SW 77 4 AVE	nited Liability
ARTICLE IV The name and title of each person authorized to manage and control the L Liability Company: (MGR or AMBR)	, mited
HARLA J COLAZO EXPOSITO - AMB	R

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.

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 herely 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)

PRINCE DE L'ANNE DE L'ANNE