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## FLORIDA LIMITED LIABILITY CO. PALAZZO MENTAL HEALTH LLC

Certificate of Status	0
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Help

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Mailing Address:

From: Yanet Avila

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, 🚕 .

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The name of the Limited Liability Company is:

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## PALAZZO MENTAL 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:

12540 SW 8 STREET	
MIAMI, FL 33184	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:

Principal Office Address:

CHAVELIS MORA	ALES	
	Name	
12540 SW 8 STRE	ET	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	ceptable)
MIAMI	FL	33184
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 statues 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)

From: Yanet Avila

"AMBR" = Manager  AMBR  CHAVELIS MORALES 12540 SW 8 STREET MIAMI, FL 33184  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be its enument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a membey or an authorized representative of a member.  This document is executed if accordance with section 665,0203 (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 x.817.155, F.S.		Name and Address:
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