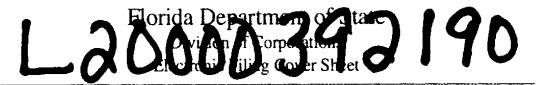
12/21/2020

Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_rebeca.linz@dentons.com

FLORIDA LIMITED LIABILITY CO.

Regard Recovery Residential Treatment of Florida LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu Corporate Filing Menu

Help

| AGIRLE | 4 | | LIABILITY COMPANY ? | 4 |
|--|--|---|--|------|
| RTICLE I - Name: the name of the Limited Lia | bility Company is: | 6. | | |
| | Residential Treatment of F | | WIC "wwWIC" | |
| (Musi e | conatin the words. Elimited i | Ciaonity Company, | E.L.C., OF LLC. | |
| ARTICLE II - Address: The mailing address and stre | eet address of the principal o | ffice of the Limited | Liability Company is: | |
| <u>Prir</u> | ncipal Office Address: | | Mailing Address: | |
| | | | | |
| 21 Cornell Peak | | 21 C | omell Peak | |
| Pomona NY 109 ARTICLE III - Registered The Limited Liability Comp | Agent, Registered Office, pany cannot serve as its own | & Registered Ager Registered Agent. | ona NY 10970 | or |
| Pomona NY 109 ARTICLE III - Registered The Limited Liability Companother business entity with | Agent, Registered Office, | & Registered Agest Registered Agent. 'n.) | ona NY 10970 nt's Signature: | or |
| Pomona NY 109 ARTICLE III - Registered The Limited Liability Companother business entity with | Agent, Registered Office, pany cannot serve as its own an active Florida registratio | & Registered Ages Registered Agent. ' n.) l agent are: | ona NY 10970 nt's Signature: |)r |
| Pomona NY 109 ARTICLE III - Registered The Limited Liability Companother business entity with | Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered | & Registered Ages Registered Agent. ' n.) l agent are: | ona NY 10970 nt's Signature: | or |
| ARTICLE III - Registered The Limited Liability Companother business entity with | Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered | & Registered Agent. 'n) I agent are: rigsby P.C. Name | ona NY 10970 nt's Signature: | or |
| ARTICLE III - Registered The Limited Liability Companother business entity with | Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Dentons Cohen & Gr | & Registered Ager Registered Agent. ' n.) l agent are: rigsby P.C. Name | ona NY 10970 It's Signature: You must designate an individual o | Dr . |
| ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Dentons Cohen & Grand Mercato-Suite 6200, | & Registered Ager Registered Agent. ' n.) l agent are: rigsby P.C. Name | ona NY 10970 It's Signature: You must designate an individual o | or . |

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..

Dentons Cohen & Grigsby P.C.

Rebeca Ling Ву

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| Title: | Name and Address: | |
|---|--|---|
| | thorized Member | |
| "MGR" = Man | | |
| AMBR | Regard Recovery LLC 21 Cornell Peak | |
| | Pomona NY 10970 | |
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| (If an effective date is li the date of filing.) Note: If the date insert the document's effective | date, if other than the date of filing (OPTIONAL) sted, the date must be specific and cannot be more than five business days prior to or 90 days ed in this block does not meet the applicable statutory filing requirements, this date will not be li e date on the Department of State's records. | |
| ARTICLE VI: Other pro | OVISIONS, If any. | _ |
| REOURED | SIGNATURE: Carolyn Pierce | - |
| | Signature of a member or an authorized representative of a member. 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. | |
| | Carolyn Pierce | |
| | Typed or printed name of signee | |
| | Filing Feet | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)