

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L21000013227**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA LIMITED LIABILITY CO.  
GENESIS MENTAL HEALTH LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 JAN 12 AM 9:46

2021 JAN 12 PM 4:58



January 12, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

**GENESIS**  
SUBJECT: MENTAL HEALTH LLC  
REF: W21000002994

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H21000013227  
Letter Number: 121A00000671

2021 JAN 12 AM 9:45

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

GENESIS 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:

**Principal Office Address:**5030 SW 170TH AVE  
SOUTHWEST RANCHES, FL 33331**Mailing Address:**5030 SW 170TH AVE  
SOUTHWEST RANCHES, FL 33331**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:


PRIETO, MAYRELIS

Name

5030 SW 170TH AVEFlorida street address (P.O. Box **NOT** acceptable)

<u>SOUTHWEST RANHES</u>	<u>FL</u>	<u>33331</u>
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..

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JAN 12 PM 9:46

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

PRIETO, MAYRELIS  
5030 SW 170TH AVE  
5030 SW 170TH AVE, FL 33331

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/06/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

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.

\_\_\_\_\_  
Typed or printed name of signee

**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)

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