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: From:	Account Number	: (850)617-6381 : LAZARUS CORPORAT : I20000800019	TE FILING SERVICE, INC.	TOWNASSED AT A	מונים לי וויים
	Phone Fax Number	: (305)552-5973 : (305)675-5944			ı
	mail Address:	DA LIMITED LI	ARILITY CO.		2021 55 1 -8
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	器 8
Nora Mental Health LLC	24
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability
18245 NW 68 Ave Apt 310	
Hialeah Florida	
330 15	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	d Liability
Lazaro Gonzalez Rodriguez	
18245 NW 68Ave Apt 310	·
Hialeah Florida 33015	
ARTICLE IV The name and title of each person authorized to manage and control the Lim Liability Company: (MGR or AMBR)	
Lazaro Gonzalez Rodriguez (AMBR	
Lazaro Gonzalez Rodriguez (AMBR Raiza Sareda Garcia Miniet (AMB	3R)
	- <i>,</i>

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.

Lataro Gonzalez Rodriguez

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 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)