Division of Corporations **Electronic Filing Cover Sheet**

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Email Address:

FLORIDA LIMITED LIABILITY CO. VELES MENTAL HEALTH LLC

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SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: **Veleta MENTAL Health (LC)* ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **COMPANY LS Hoch Miami Florida 33/83* ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability of an active Florida registration.) Alberto Migual Mensol 2a Radinguez **Languez Languez Languez RTICLE IV Be name and title of each person authorized to manage and control the Limited ability Company: (MGR or AMBR) Alberto Migual Mensol Arabica Arabicaguez Alberto Migual Mensol Arabicaguez Amas | A DYTOT - | EMBILITY COMPANY |
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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.

ALBERTO MOVE | MENDOZA 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 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)