Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Account Name : KOUTOULAS & RELIS, LLC

Account Number : I20070000005 Phone : (954)332-1345

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FLORIDA LIMITED LIABILITY CO.

Behavioral Healthcare Advisors LLC

Certificate of Status	1
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Electronic Filing Menu Corporate Filing Menu

Help

Fax Audit #: H210001140323

ARTICLES OF ORGANIZATION OF Behavioral Healthcare Advisors LLC

The undersigned, acting as organizer of Behavioral Healthcare Advisors LLC, a company organized and created pursuant to Chapter 605, Florida Statutes hereby adopt the following Articles of Organization for said Florida limited liability Company:

ARTICLE I.

The name of the limited liability company shall be:

Behavioral Healthcare Advisors LLC

ARTICLE II.

The mailing and street address of the principal office of the limited liability company is:

6619 NW 97th Lane Parkland, FL 33076

ARTICLE III.

The name and the Florida street address of the registered agent are:

Alan Goodstat 6619 NW 97th Lane Parkland, FL 33076

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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Alan Goodstat-Registered Agent

FILEU SECRETARY OF STAFE VIRIDIE OF CORPORATIONS

> Prepared by: Koutoulas & Relis, LLC 1776 N Pine Island Road. Sulte 316 Plantation, FL 33322

Phone: (954) 332-1345 Fax: (954) 332-1346

Fax Audit #: H21000114032 3

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ARTICLE IV.

This limited liability company is to be managed by one member. The name and address of the Authorized Member is as follows:

Alan Goodstat – Authorized Member 6619 NW 97th Lane Parkland, FL 33076

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or 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.

Alan Goodstat - Authorized Member

*Signature of Member or authorized representative of a member

Phone: (954) 332-1345 Fax: (954) 332-1346

Fax Audit #: H21000114032 3