

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.

(((H210001209193)))



H210001209193ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			וארר	121 HAR	"·~~
	Division of Co	rporations			
	Fax Number	: (850)617-6381		2 5	
From:			i i i i i i i i i i i i i i i i i i i	N	1 1 1
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	ŢĒ.	II HV	
	Account Number	: I2000000019		••	- +
	Phone	: (305)552-5973	귀절	S	
	Fax Number	: (305)675-5944	• -	\sim	

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

Email Address:

FLORIDA LIMITED LIABILITY CO. EMDA MENTAL HEALTH CENTER, LLC.

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

20

2021 HAR 25 PM 4: 02

ズ [11

CE, VED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must and with the wordy "Limited Hability Company, "L.C.")

EMDA MENTAL HEALTH CENTER, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7270 NW 12TH STREET, SUITE 400 MIAMI, FL 33126

ARTICLE III - Registered Agent, Registered Office:

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

RAY C FERNANDEZ 7270 NW 12TH STREET, SUITE 400 MIAMI, FL 33126

ARTICLE IV-

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

RAY C FERNANDEZ, MANAGER

2021 MAR 25 ALLANDASLE, AM 11: 50

Page 1 of 2

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.

RAY C FERNANDEZ

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)

1021 MAR 25 Webdie Stee, FL VH II: S

õ

Page 2 of 2