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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 740828 8135689 AUTHORIZATION : ORDER DATE: April 1, 2021 ORDER TIME : 11:32 AM ORDER NO. : 740828-015 CUSTOMER NO: 8135689 DOMESTIC FILING NAME: GROUP HOME HOLDINGS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Group Home Holdi	ngs, LLC		
(Must con	tain the words "Limited Lia	bility Company, "I	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal offic	c of the Limited L	iability Company is:
Princi	pal Office Address:		Mailing Address:
OSON N. Florido Au	enite	c/o Co	ommunity Based Care, LLC
9502 N. Florida Avenuc			Meridien Dr. Suite 103
Tampa Florida 33	612	`65 <u>31</u> :	viendien Dt. Suite 105
The Limited Liability Compar	gent, Registered Office, & ry cannot serve as its own Ro	Registered Agent egistered Agent. Y	th, NC 27616
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & sy cannot serve as its own Reserve Florida registration.)	Ralcig Registered Agent egistered Agent. Y	gh, NC 27616 's Signature:
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & sy cannot serve as its own Reserve Florida registration.)	Ralcig Registered Agent. Y gent are:	gh, NC 27616 's Signature:
ARTICLE III - Registered A The Limited Liability Compar another business entity with an	gent, Registered Office, & ny cannot serve as its own Research entire Florida registration.) at address of the registered as Corporation Service Co	Ralcig Registered Agent. Y gent are:	gh, NC 27616 's Signature:
	gent, Registered Office, & my cannot serve as its own Registration.) active Florida registration. Corporation Service Corporat	Raleig Registered Agent. Y gent are: ompany Name	gh, NC 27616 's Signature: ou must designate an individual of
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & ny cannot serve as its own Registration.) active Florida registration.) at address of the registered at Corporation Service Corporation	Raleig Registered Agent. Y gent are: ompany Name	gh, NC 27616 's Signature: ou must designate an individual of
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, & my cannot serve as its own Registration.) active Florida registration. Corporation Service Corporat	Raleig Registered Agent. Y gent are: ompany Name	gh, NC 27616 's Signature: ou must designate an individual

he 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.

Corporation Service Company
By: Susan Christel, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager AMBR Suncoast New Options, Inc. 6531 Meridien Drive, Suite 103 Raleigh, North Carolina 27616 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: of filing. (OPTIONAL) (OPTIONAL) (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no cument's effective date on the Department of State's records.	Tide:	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (CPTIONAL) (CPTIONAL) (Iffective date, if other than the date of filing:	"AMBR" = Authorized Member	
(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:	"MGR" = Manager	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR	Suncoast New Options, Inc.
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		6531 Meridien Drive, Suite 103
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Raleigh, North Carolina 27616
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
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CLE V: Effective date, if other than the date of filing:		
REOURED 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 Statutes a third degree felony as provided for in s.817.155, F.S. Eugene Rodgers Typed or printed name of Registered Agent 5 30.00 Certified Copy (Optional)		
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