

L21000414371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

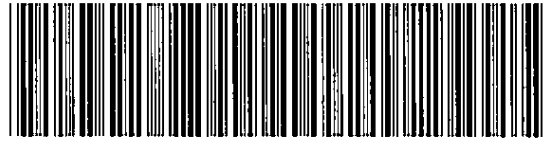
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

09/21/21 --01001--019 \*\*250.00

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2021 SEP 20 PM 4:51

Division of Corporations  
TALLAHASSEE, FLORIDA

Holland & Knight

Requester's Name  
315 South Calhoun Street, suite 600

Address  
Tallahassee, FL 32301 (850)425-5686

City/State/Zip Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. The Clinic at Honey Lake Farms LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION**

**THE CLINIC AT HONEY LAKE FARMS LLC**

The undersigned, being a member or duly authorized representative of a member, desiring to form a limited liability company under the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is The Clinic At Honey Lake Farms LLC (the "Company")

**ARTICLE II — ADDRESS**

The street address of the Company's principal office and the Company's mailing address are:

1000 Riverside Avenue, Suite 800  
Jacksonville, Florida 32204

**ARTICLE III – COMMENCEMENT OF EXISTENCE**

The Company shall exist perpetually. The existence of the Company commences on the date and at the time when these Articles of Organization are filed with the Florida Department of State, Division of Corporations.

**ARTICLE IV – REGISTERED AGENT AND OFFICE**

The name and street address of the Company's initial registered agent for service of process in the state is:

First Corporate Solutions, Inc.  
155 Office Plaza Drive  
Tallahassee, Florida 32301

**ARTICLE V — MANAGEMENT AND AUTHORITY**

The Company shall be a manager-managed company. The manager of the Company shall initially be Northstream Behavioral Health Services LLC, whose mailing address is 1000 Riverside Avenue, Suite 800, Jacksonville, Florida 32204. Pursuant to Section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

**IN WITNESS WHEREOF**, the undersigned has hereunto set his hand and seal on August 25, 2021.

A handwritten signature in black ink, appearing to read 'CSW', followed by a long horizontal flourish.

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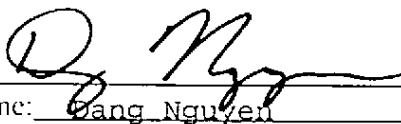
**CHARLES S. WEEMS**  
Authorized Representative of Member

**ACCEPTANCE OF REGISTERED AGENT**

I agree to act as registered agent for the Company named above, to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 605, Florida Statutes, and I acknowledge that I am familiar with, and accept, the obligations of such position.

Date: September 17, 2021

**FIRST CORPORATE SOLUTIONS, INC.**

By:   
Name: Dang Nguyen  
Title: Assistant Secretary

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TALLAHASSEE, FL

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