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FLORIDA LIMITED LIABILITY CO.
NUEVOS HORIZONTES COMMUNITY MENTAL HEALTH LLC

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nuevos Horizontes Community Mental Health LLC

ARTICLE II - Address:

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

949 SW 87 Ave, Miami FL, 33174

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.)*

ANA Luisa Serrano Robaina
949 SW 87 ave Miami FL 33174

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Yisel Arzujo Paula (MGR)
ANA Luisa Serrano Robaina (AMBR)

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.

ANA Luisa Serrano Robaina**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)**