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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

02/21/2022

D	ate:	02/21/2022	
		Acc#I2016000007	12 4: CDW
Name:	Tampa B	ehavioral Hospital, LL0	С
Document #:	_		
Order #:	14169983		
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Thank you!

COVER LETTER

	ew Filing Sectivision of Con			
SUBJECT		navioral Hospital, LLC		
SUBJEX, I	•	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	rn all correspo	nndence concerning this ma	tter to the following:	
			Name of Person	
			Firm/Company	
			Address	
		Ci paula bile	ity/State and Zip Code s@lpnt.net	
	1	E-mail address: (to be used	for future annual report notificati	ion)
For further i	nformation co	ncerning this matter, please	call:	
	Nam)	
Enclosed is	s a check for t	he following amount:		
□\$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED	.7
SECRETARY OF STATE	•
COLOR OF COSTOR ATIO	M.C

ARTICLE I - Name:

PM 12: 50 1

The name of the Limited Liability	Company is:		2022 FEB 21
Tampa Behavioral Ho			
(Must conta	in the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Limited L	liability Company is:
Principa	l Office Address:		Mailing Address:
330 Seven Springs W	av	330 Se	even Springs Wav
Brentwood, TN 3702	7	Brenty	wood, TN 37027
another business entity with an ac-	ctive Florida registratio	on.)	ou must designate an individual or
	C T Corporation Sys	stem	
		Name	
	1200 South Pine Isla	and Road	
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
	Plantation	Florida	33324
	City	State	Zip

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. Ifurther 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..

> By: Michele Miller, Asst. Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized	Name and Address: d Member	
"MGR" = Manager		
<u>AMBR</u>	LPNT BH Development 3, LLC	
	330 Seven Springs Way Brentwood, TN 37027	
	brentwood, 11x 3/02/	
AMBR	Florida Health Sciences Center, Inc.	
	One Tampa General Circle	
	Tampa, FL 33606 E8 E8	.:-SE
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(If an effective date is listed, the the date of filing.) Note: If the date inserted in thi	other than the date of filing:	
ARTICLE VI: Other provisions.	, if any.	
		
REQUIRED SIGNAT	TURE: Occusioned by Charlotte Lawrence	
This d I am w	Signature of a member or an authorized representative of a member. locument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.	
	Charlotte Lawrence	
	Charlotte Lawrence Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)