

L22000107328

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000096865 3)))



H220000968653ABC5

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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.
SUNSHINE OF TOMORROW BEHAVIORAL CARE LLC**

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

HL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 15 AM 5:47

FILED

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

• **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunshine of Tomorrow Behavioral Care

LLC

• **ARTICLE II - Address:**

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

7711 N. Military Trail Suite 204

Palm Beach Gardens, FL 33410

2022 MAR 15 AM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.)*

Ariel Cruz Garcia

7711 N. MILITARY TRAIL STE 204

Palm Beach Gardens, FL 33410

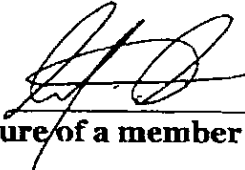
• **ARTICLE IV**

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

Ariel Cruz Garcia (AMBR)

7711 N. MILITARY TRAIL STE 204

Palm Beach Gardens, FL 33410

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.

ARIEL CRUZ GARCIA**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)**

2022 MAR 15 AM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED