

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.

((H22000151145 3))



H220001511453ABCV

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

From:
 Account Name : ADRIAN TAX SERVICES INC.
 Account Number : 120220000042
 Phone : (786)370-2432
 Fax Number : (305)266-5758

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vigovigocpa@aol.com

**FLORIDA LIMITED LIABILITY CO.
 MIND HEALTH CENTERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
 2022 APR 26 PM 4:40
 CORPORATION'S COMMERCIAL
 REGISTRATION SERVICES

2022 APR 26 PM 10:31

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIND HEALTH CENTERS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2894 NW 79TH AVE
DORAL, FL 33122

Mailing Address:

2894 NW 79TH AVE
DORAL, FL 33122

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

MICHAEL TORRES

Name

2894 NW 79TH AVE

Florida street address (P.O. Box NOT acceptable)

DORAL

FL

33122

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. 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)

(CONTINUED)

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ARTICLE IV-

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

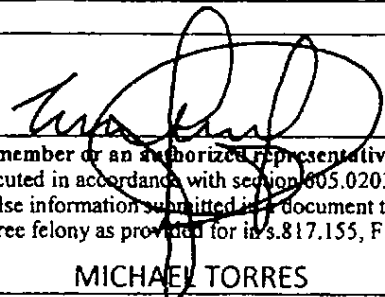
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MICHAEL TORRES
	2894 NW 79TH AVE
	DORAL, FL 33122

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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 constitutes a third degree felony as provided for in s.817.155, F.S.

MICHAEL TORRES

Typed or printed name of signee

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 FILED

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