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From:

Account Name : GRANT, COTTRELL & MILLER-MEYERS, PLLC
Account Number : I20200000034
Phone : (239)649-4848
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MarcusBSilva@gmail.com

**FLORIDA LIMITED LIABILITY CO.
Ellie Mental Health of Southwest Florida, LLC**

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

ELLIE MENTAL HEALTH OF SOUTHWEST FLORIDA, LLC

ARTICLE II
ADDRESS

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

Principal Office:
4421 Tamarind Way
Naples, Florida 34119

Mailing Address:
4421 Tamarind Way
Naples, Florida 34119

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the name and address of such Managing Members are:

MARCUS B. SILVA and
JENNIFER A. SILVA, Co-
Trustees of the MARCUS AND
JENNIFER SILVA
REVOCABLE TRUST, dated
February 2, 2022
4421 Tamarind Way
Naples, Florida 34119

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ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII
REGISTERED AGENT

The name and address of the registered agent is:

GRANT, COTTRELL & MILLER-MEYERS, PLLC
5147 Castello Drive
Naples, Florida 34103

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 605.0113, Florida Statutes.

REGISTERED AGENT:



JEFFREY R. GRANT, ESQ.

These Articles are executed this 2nd day of August, 2022 by the undersigned Initial Members of ELLIE MENTAL HEALTH OF SOUTHWEST FLORIDA, LLC, pursuant to Section 605.0203(1)(b) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGING MEMBER:



MARCUS B. SILVA, Co-Trustee of the
MARCUS AND JENNIFER SILVA
REVOCABLE TRUST, dated February 2,
2022



JENNIFER A. SILVA, Co-Trustee of the
MARCUS AND JENNIFER SILVA
REVOCABLE TRUST, dated February 2,
2022

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