Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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. PINNACLE PSYCHIATRY LLC.

Certificate of Status	1.
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Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPAINY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Must end with the words Limited Liability Company, "L.L.C.," or "LLC")

Pinnacle Psychiatry LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liabilit

2506 West 70th place Hialeah, FL 33016

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.)

Josefina Sio - 2506 West 70th place Hialeah, FL 33016

ARTICLE IV-

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

Jessica Fernandez -authorized member

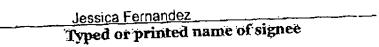
EIN: 88 - 4197987

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 fellowy as provided for in s.817.155, F.S.



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 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 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)

