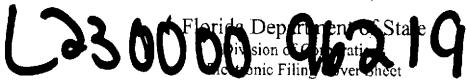
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Division of Corporations



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(((H23000080559 3)))



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FLORIDA LIMITED LIABILITY CO. DY BEHAVIOR CARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF OR CANEZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DY BEHAVIOR CARE LLC	·		
(Must contain the w	ords "Limited Lini	hility Company	, "L.L.C.," or "LL.C.")
CLE II - Address:			
ailing address and street address of	the principal offic	e of the Limite	l Liability Company is:
Principal Office	Address:		Mailing Address:
565 BEECH RD			
WEST PALM BEACH, FL 3.			
CLE III - Registered Agent, Regi	istered Office, & I	gistered Agent.	nt's Signature:
CLE III - Registered Agent, Regi	istered Office, & I icryc as its own Re erida registration.)	Registered Age	nt's Signature:
CLE III - Registered Agent, Registmeted Liability Company cannot so business entity with an active Flore and the Floreda street address of	istered Office, & I icryc as its own Re erida registration.)	Registered Agent.	nt's Signature:
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CLE III - Registered Agent, Registered Liability Company cannot so business entity with an active Flore and the Florida street address of YANE 565 Bi Florida	istered Office, & Fictive as its own Records registration.) of the registered agost SUAREZ ART N EECH RD	Registered Agent. gistered Agent. ent are: EAGA ame	nt's Signature: You must designate an individu

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:		
AMUR	YANET SUAREZ ARTEAGA 565 BEECH RD WEST PALM BEACH, FL 33409		
(Use attachment if necessary)			
the date of filing.)	ate of filing:		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	(() () () () () () () () () (
Signature of a r This document is exec	number or an approvized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, ise information submitted in a document to the Department of State rec felony as provided for in s.317.155, F.S.		

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

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)