

L23000235934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

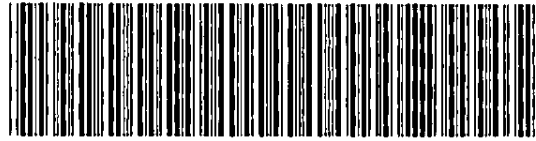
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEALING OF JURY
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2023 MAY 12 AM 8:52

SEALING OF JURY
TALLAHASSEE, FLORIDA

18

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: 

Behavioral Health Lenders, LLC

BUSINESS (Name)

Document #

☐ **Certified Copy of articles**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not For Profit
☐ **INC.**
☒ Limited Liability

☐ Domestication
☐ Other
☐ **CORP**
☐ LLLP

AMENDMENTS

☐ Amendment
☐ Statement of Fact

☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ☐
Country

REGISTRATION/QUALIFICATIONS


☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Behavioral Health Lenders, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Diamond
Name of Person
Keith D. Diamond, P.A.
Firm/Company
3440 Hollywood Blvd, Suite 415
Address
Hollywood, Florida 33021
City/State and Zip Code
keithdiamond2@aol.com
E-mail address: (to be used for future annual report notification)

23 MAY 12 AM 8:28
RECEIVED
TALLAHASSEE

FILED

For further information concerning this matter, please call:

Keith Diamond 954 618-1008
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Behavioral Health Lenders, 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:

Mailing Address:

3440 Hollywood Blvd

3440 Hollywood Blvd

Suite 415

Suite 415

Hollywood, Florida 33021

Hollywood, Florida 33021

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:

Keith D Diamond, P.A.

Name

3440 Hollywood Blvd

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

Hollywood

Florida

33021

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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23 MAY 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Keith Diamond

3440 Hollywood Blvd, Suite 415

Hollywood, Florida 33021

(Use attachment if necessary)

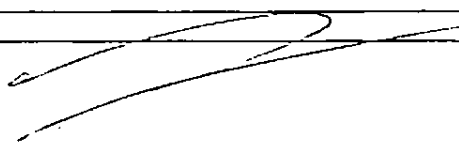
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

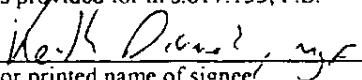
ARTICLE VI: Other provisions, if any.

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.



Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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23 MAR 12 AM 8:28
STATE OF FLORIDA
TALLAHASSEE