

Florida Department of Banking and Finance
Division of Corporations
Electronic Filing Cover Sheet

L23000313067

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.

((H23000234311 3)))



H2300023431134BCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6331

From:

Account Name : EXPRESS FILINGS INC
Account Number : 120220000042
Phone : (786)370-2432
Fax Number : (786)866-6349

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

Email Address: adrianm@ecfilings.com

**FLORIDA LIMITED LIABILITY CO.
VALDES BEHAVIORAL SERVICES LLC**

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

RECEIVED
2023 JUL -5 AM 8:25
CORPORATIONS
COMMERCIAL
SERVICES

2023 JUL -5 PM 1:46
TALLAHASSEE, FL
CLERK OF STATE

FILED

Handwritten signature

(((H23000234311 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VALDES BEHAVIORAL SERVICES 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:71 E 51ST PLHIALEAH, FL 33013Mailing Address:71 E 51ST PLHIALEAH, FL 33013

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:

FAVIO D. VALDES

Name

71 E 51ST PLFlorida street address (P.O. Box NOT acceptable)HIALEAH

City

FL 33013

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.

Favio David Valdes

Favio David Valdes (Jul 3, 2023 11:35 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H23000234311 3)))

2023 JUL -5 PM 1:46
 CLERK OF STATE
 TALLAHASSEE, FL

FILED

(((H23000234311 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

FAVIO D. VALDES

71 E 51ST PL

HIALEAH, FL 33013

(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:

Favio David Valdes

Favio David Valdes (Jul 3, 2023 11:36 EDT)

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 317.155, F.S.

FAVIO D. VALDES

Typed or printed name of signee

FILED
JUL -5 PM 1:46
TALLAHASSEE, FL
DEPARTMENT OF STATE

(((H23000234311 3)))