Electronic Articles of Organization For Florida Limited Liability Company

L24000185655 FILED 8:00 AM April 19, 2024 Sec. Of State vherring

Article I

The name of the Limited Liability Company is:

LEE OF THE STONE MENTAL HEALTH SERVICES, LLC

Article II

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

1543 LAKELAND HILLS BLVD STE 9 LAKELAND, FL. 33805

The mailing address of the Limited Liability Company is:

8713 PLANTATION RIDGE BLVD LAKELAND, FL. 33809

Article III

The name and Florida street address of the registered agent is:

GLORIA L MONASMITH 8713 PLANTATION RIDGE BLVD LAKELAND, FL. 33809

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.

Registered Agent Signature: GLORIA MONASMITH

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR

TIMOTHY MONASMITH

1543 LAKELAND HILLS BLVD, STE 9

LAKELAND, FL. 33805

Title: MGR

NATHAN H GRAHAM

1543 LAKELAND HILLS BLVD, STE 9

LAKELAND, FL. 33805

Title: MGR

JAYDA L GRAHAM

1543 LAKELAND HILLS BLVD, STE 9

LAKELAND, FL. 33805

Signature of member or an authorized representative

Electronic Signature: GLORIA MONASMITH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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