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AB

COVER LETTER

	gistration Section vision of Corporations		
	Massachusetts Behavioral Health, LLC		
SUBJECT:	Name of Limite	d Liability Con	npany
Dear Sir or	Madam:		
The enclose	d Statement of Authority and fee(s) are subr	nitted for filing	
Please return	n all correspondence concerning this matter	to the following	3:
Samuel Rog	gatinsky		
	Name of Person	1	-
Massachuse	etts Behavioral Health, LLC		
	Firm/Company		-
3113 Stirlin	g Road, Suite 104		
	Address		•
Ft. Lauderda	nle, FL. 33312		
	City/State and Zip Code		-
samr@rogat	inskylaw.com		
E-r	nail address: (to be used for future annual re	port notificatio	n)
For further is	nformation concerning this matter, please ca	ll:	
Samuel Rog		954	925-1640
	Name of Person	Area Code	Daytime Telephone Number
Ms	ailing Address:		Street Address:
	gistration Section		Registration Section
	vision of Corporations		Division of Corporations

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability compan authority:		ng stater	nent of
FIRST: The name of the limited liability company is: Massachusetts Behavior	oral Health, LLC		
SECOND: The Florida Document Number of the limited liability company is	L24000492315		
THIRD: The street address of the limited liability company's principal office 3113 Stirling Road, Suite 103	is:		
Ft. Lauderdale, Miami			
The mailing address of the limited liability company's principal offi	i '	2024 DEC	· · · · · · · · · · · · · · · · · · ·
Same as Above	AHASSE	C-4 PH	; ; ;
FOURTH: This statement of authority grants or sets limitations of authority of position of a person in a company, whether as a member, transferee, manager, person on the following: 1. May execute an instrument transferring real property held in the results.	officer or otherwise o	r to a sp	s or ecific
a. Granted to:			
b. No authority granted to:			
May enter into other transactions on behalf of, or otherwise act for a. Granted to: Samuel Rogatinsky	or or bind, the compar	ny.	
b. No authority granted to:			
	l Rogatinsky		· - -
Signature of authorized representative Type Filing Fee: \$25.00 Certified Copy: \$30.00 (options	d or printed name of s	ignature:	: