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ROGER B. GREEN P.O. BOX 106 PORT SALERNO, FLA. 34992 ~ 0106 City/State/Zip Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)	_ · · ·
2. (Corporation Name)	(Document #)	I AON 66
(Corporation Name)	(Document #)	SECRETARY OF STATE ORVISION OF CORFORATION
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Sta	- 18
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS □ Annual Report □ Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

MJH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

St. FRANCIS COMMUNITY MENTAL HEALTH CENTER, LLC.

214 S.E. 13th STREET FT LAUDEROSLE, FL. 33316

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

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