



THE UNITED STATES  
CORPORATION  
COMPANY

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97 MAY 30 PM 1:55

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION  
97 MAY 30 PM 3:17

ACCOUNT NO. : 072100000032  
REFERENCE : 348457 5028257  
AUTHORIZATION : Patricia Pizzuto  
COST LIMIT : \$ 293.75

ORDER DATE : April 29, 1997

ORDER TIME : 12:51 PM

ORDER NO. : 348457-085

CUSTOMER NO: 5028257

700002186437--7

CUSTOMER: Ms. Michelle H. Ancosky  
Magellan Health Services, Inc.  
3414 Peachtree Rd., N.e.  
Suite 1400  
Atlanta, GA 30326

FOREIGN FILINGS

NAME: CHARTER BY-THE-SEA BEHAVIORAL  
HEALTH SYSTEM, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

BKC  
5/30/97

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 30 1997  
3:17 PM

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CHARTER BY-THE-SEA BEHAVIORAL HEALTH SYSTEM, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present. Please Note: L.L.C. is not an acceptable suffix in Florida.)

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 58-2298568  
(FEI number, if applicable)

4. 03/26/97  
(Date of Organization)

5. 09/30/2029  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 2927 Demere Road  
St. Simons, GA 31522  
(Street address of principal office)

8. List and indicate in title space provided the name, title, and business address of each managing member (MGRM) or manager (MGR). It is not necessary to list members.  
(attach additional page if necessary)

NAME AND ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>CBHS Holdings, LLC</u>	<u>MGRM</u>	<u></u>	<u></u>
<u>3414 Peachtree Road, NE</u>		<u></u>	
<u>Suite 900</u>		<u></u>	
<u>Atlanta, GA 30326</u>		<u></u>	
<u>Charter Behavioral Health</u>	<u>MGRM</u>	<u></u>	<u></u>
<u>Systems, LLC</u>		<u></u>	
<u>3414 Peachtree Road, NE, Suite 900</u>		<u></u>	
<u>Atlanta, GA 30326</u>		<u></u>	
<u></u>		<u></u>	

Filing Fee: \$ 52.50 for Application

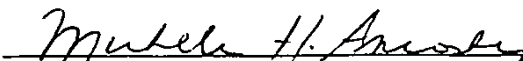
AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 30 PM 3:17

The undersigned member or authorized representative of a member of CHARTER BY-THE-SEA

BEHAVIORAL HEALTH SYSTEM, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 0.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 1,000.00 . This total includes amounts from 2 and 3 above.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
(in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
Michelle H. Ancosky, Secretary

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUN 30 PM 3:17

1. The name of the limited liability company is: CHARTER BY-THE-SEA BEHAVIORAL

HEALTH SYSTEM, LLC

2. The name and address of the registered agent and office is:

CORPORATION SERVICE COMPANY

(Name)

1201 Hays Street

(P.O. Box or Mail Drop Box NOT acceptable)

Tallahassee, FL 32301

(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.*

By Karen B. Rozar  
(Signature)

**Karen B. Rozar, As Its Agent**

May 9, 1997  
(Date)

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHARTER BY-THE-SEA BEHAVIORAL HEALTH SYSTEM, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

DIVISION OF REVENUE  
 RECEIVED  
 MAY 30 1997  
 FILED  
 STATE OF DELAWARE



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 8487021

DATE: 05-29-97