

L21 0000832913AFC-07  
Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
CRC HELTH CENTER, LLC.**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

CRC HEALTH CENTER, LLC.

**ARTICLE II - Address:**

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

MAILING ADDRESS IS : 19331 NW 7TH AVE, MIAMI, FL 33169

PHYSICAL ADDRESS IS: 8140 PINES BLVD, PEMBROKE PINES, FL 33024

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

CASSANDRA CLARKE 19331 NW 7th Ave miami, FL 33169

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**ARTICLE IV-**

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

CASSANDRA CLARKE- AMBR

**Required Signatures:**



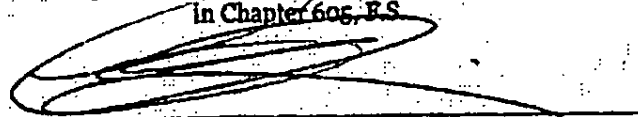
**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.817.155, F.S.

**CASSANDRA CLARKE**

**Typed or printed name of signee**

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.



**Registered Agent's Signature (REQUIRED)**

CALLAHAN STATE, FLORIDA

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