

Corporate 120575211
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Florida Department of State
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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
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FLORIDA LIMITED LIABILITY CO.
Sensory Solutions Sarasota, LLC

Certificate of Status	0
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EXAMINER

7-10000049784-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SENSORY SOLUTIONS SARASOTA, LLC

ARTICLE II ADDRESS

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

7005 SCRUB JAY WAY
BRADENTON, FLORIDA 34203

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

JENNIFER KIELLACH
7005 SCRUB JAY WAY
BRADENTON, FLORIDA 34203

Having been named as registered agent 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 608, F.S.

x 
JENNIFER KIELLACH / Registered Agent's signature

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ARTICLE IV MANAGEMENT

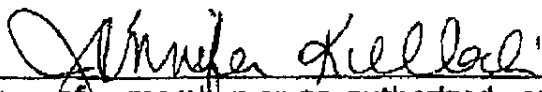
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JENNIFER KIELLACH
7005 SCRUB JAY WAY
BRADENTON, FLORIDA 34203

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x 

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

JENNIFER KIELLACH

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