

C190001166481

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000207890 3)))



H190002078903ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
HOME FOR BALANCE PSYCHOTHERAPY GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL -8 AM 8:10

FILED

H19000207890 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

HOME FOR BALANCE PSYCHOTHERAPY GROUP, LLC

ARTICLE II ADDRESS

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

5300 W HILLSBORO BOULEVARD #210A

COCONUT CREEK, FLORIDA 33073

ARTICLE III REGISTERED AGENT

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

CAROLINA GAVIRIA

5300 W HILLSBORO BOULEVARD #210A

COCONUT CREEK, FLORIDA 33073

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.

X /s/ Carolina Gaviria

CAROLINA GAVIRIA / Registered Agent's signature

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL -8 AM 8:10

FILED

H19000207890 3

H19000207890 3

PAGE 2 HOME FOR BALANCE PSYCHOTHERAPY GROUP, LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

LISSETTE CORTES

5300 W HILLSBORO BOULEVARD #210A

COCONUT CREEK, FLORIDA 33073

AUTHORIZED MEMBER

CAROLINA GAVIRIA

5300 W HILLSBORO BOULEVARD #210A

COCONUT CREEK, FLORIDA 33073

.....

X /s/ Carolina Gaviria

CAROLINA GAVIRIA / Authorized Representative's signature

(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.)

H19000207890 3