# Electronic Articles of Organization For Florida Limited Liability Company

L20000142627 FILED 8:00 AM May 26, 2020 Sec. Of State kbrumbley

#### Article I

The name of the Limited Liability Company is: SEAHORSE BEHAVIOR THERAPY LLC

### **Article II**

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

889 NW 208TH WAY PEMPROKE PINES, FL. 33029

The mailing address of the Limited Liability Company is:

889 NW 208TH WAY PEMPROKE PINES, FL. 33029

# **Article III**

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS PERMITTED BY THE LAWS OF THE UNITED STATES OF AMERICA AND OR THE STATE OF FLORIDA.

## **Article IV**

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

JUANA I ALVAREZ MARTINEZ 889 NW 208TH WAY PEMBROKE PINES. FL. 33029

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.

Registered Agent Signature: JUANA IDELIS ALVAREZ MARTINEZ

## Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR

JUANA I ALVAREZ MARTINEZ

889 NW 208TH WAY

PEMPROKE PINES, FL. 33029

Signature of member or an authorized representative

Electronic Signature: JUANA IDELIS ALVAREZ MARTINEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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