

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L21000252941  
FILED 8:00 AM  
June 01, 2021  
Sec. Of State  
mnkane

**Article I**

The name of the Limited Liability Company is:  
YOUR FRIEND, THE THERAPIST, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
104 SPRINGDALE CIRCLE  
PALM SPRINGS, FL. US 33461

The mailing address of the Limited Liability Company is:  
228 PARK AVE S  
PMB 16968  
NEW YORK, NY. US 10003

**Article III**

The name and Florida street address of the registered agent is:  
COLIN CLARENCE, P.A.  
120 SOUTH OLIVE AVE.  
SUITE 703  
WEST PALM BEACH, FL. 33401

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: COLIN C. SMALL

### **Article IV**

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

Title: AMBR  
DANIEL OLAVARRIA  
104 SPRINGDALE CIRCLE  
PALM SPRINGS, FL. 33461 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

06/01/2021

Signature of member or an authorized representative

Electronic Signature: DANIEL OLAVARRIA

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.