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

From: Account Name : KRAVITZ TALAMO & LEYTON, PLLC
Account Number : I20150000096
Phone : (305)558-5300
Fax Number : (305)557-1934

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

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FLORIDA LIMITED LIABILITY CO. ABA AUSTISM THERAPIES LLC

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

STATE OF FLORIDA
TALLAHASSEE, FL

2023 MAR 2 PM 1:54

2023 MAR -2 AM 2:33

FILED

ARTICLES OF ORGANIZATION
 ABA AUSTISM THERAPIES LLC
 A FLORIDA LIMITED LIABILITY COMPANY
 (Pursuant to Chapter 605, Florida Statutes)

1. Name. The name of the limited liability company is ABA AUSTISM THERAPIES LLC.

2. Purpose. The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. Address of Principal Office. The street address of the principal office of the limited liability company is:

466 SW Port Saint Lucie Boulevard
 Suite 109
 Port Saint Lucie, Florida 34953

4. Mailing Address. The mailing address of the limited liability company is:

466 SW Port Saint Lucie Boulevard
 Suite 109
 Port Saint Lucie, Florida 34953

5. Management. The name and address of each person authorized to manage the Limited Liability Company:

MARIELA PETRAKI, AUTHORIZED MEMBER
 Address: 466 SW Port Saint Lucie Boulevard -Suite 109
 Port Saint Lucie, Florida 34953

NIKIFOROS PETRAKIS, AUTHORIZED MEMBER
 Address: 466 SW Port Saint Lucie Boulevard -Suite 109
 Port Saint Lucie, Florida 34953

6. Registered Agent, Registered Office, and Registered Agents Signature. The name and the Florida street address of the registered agent is:

NIKIFOROS PETRAKIS
 Address: 466 SW Port Saint Lucie Boulevard -Suite 109
 Port Saint Lucie, Florida 34953

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 COUNTY OF ST. LUCIE
 PALMHASSEE, FL

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.


NIKIFOROS PETRAKIS, REGISTERED AGENT

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

Executed this 1st day of MARCH, 2023.


NIKIFOROS PETRAKIS
AUTHORIZED MEMBER

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TALLAHASSEE, FL
DEPT OF STATE

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(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes 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.)