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From: Luis Poyato Molina

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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From: Account Name : USA GESTIONES, LLC
Account Number : I20230000016
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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. Neurodiversity Family Consulting, LLC

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

TATIANA E. LUIS LOPEZ
990 BISCAYNE BLVD
MIAMI, FL 33132

AMBR

DAFNE SANTANA ALEMAN
990 BISCAYNE BLVD
MIAMI, FL 33132

(Use attachment if necessary)

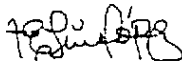
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

TATIANA E. LUIS LOPEZ

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
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