From: Luis Poyato Molina

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USA GESTIONES, LLC

Account Number : I20230000016 : (305)965-6948 Phone Fax Number : (305)508-6375

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

Email Address: EMPRESAS@USAGESTIONES.COM

## FLORIDA LIMITED LIABILITY CO.

Neurodiversity Family Consulting, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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2024-06-03 15:33:19 GMT

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From Luis Poyate Molina

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Neurodivorsity Family Consulting, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
990 Biscayne Blvd	990 Biscayne Blvd		
Ste 501-16	Ste, 501-16		
Mrami, FL 33132	Miami, FL 33132		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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

Principal Office Address:

USA Gestiones, LLC		
	Name	<u> </u>
990 Biscayne Blvd Ste 5	601-16	
Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
Viami	Florida	33132
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

From: Luis Poyato Molina

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"MGR" =	Manager				
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