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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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FILED
03 JUL 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Neurofeedback Enhancement and Training Network
of Miami Dade

10305 NW 41st Street Suite 205
Miami, Florida 33178
Phone (305) 717-9800 Fax (305) 718-9800

July 7, 2003

State of Florida
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs;

Enclosed please find the following:

- 1- Articles of Dissolution for Corporation
- 2- Check 2997 for fee of (1) above
- 3- Articles of Organization for Limited Liability Company
- 4- Check 2998 for fee of (3) above.

The documents enumerated above are for the purpose of changing our Corporation into a Limited Liability Company so that the business can finally start under the new organization.

Thank you for your prompt assistance in this matter.

Sincerely,


Samuel E. Roura
Registered Agent/Director

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

*Neurofeedback Enhancement and Training Network,
Miami-Dade, LLC*

ARTICLE II - Address:

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

10305 N.W. 41st Street, suite 205 Miami, Fla. 33178

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

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

Samuel E. Roua

Name

10305 N.W. 41st Street #205

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33178

City, State, and Zip

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 608, F.S.

Samuel E. Roua

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Eric Y. Reznik

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ERIC Y. REZNIK

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
03 JUL 11 PM 4:00
TALLAHASSEE
SECRETARY OF STATE