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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.
Account Number : 119990000022
Phone : (305) 461-4400
Fax Number : (305) 461-4403

LIMITED LIABILITY COMPANY

Family Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
04 MAR 17 AM 8:30
DIVISION OF CORPORATION

04 MAR 17 PM 6:00
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TALLAHASSEE, FLORIDA

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JB
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(H040000570293)

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Family Solutions, LLC**ARTICLE II - Address:**

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

Principal Office Address:1501 Venera AvenueSuite 230Coral Gables, FL 33146**Mailing Address:**329 Granello AvenueCoral Gables, FL 33146**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

United States Registered Agents, Inc.

Name

329 Granello AvenueFlorida street address (P.O. Box **NOT** acceptable)Coral GablesFLORIDA 33146

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, Florida Statutes.



Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Andrew Wenger

1501 Venera Avenue, Suite 230

Coral Gables, FL 33146

MGRM

Miguel Firpi

1501 Venera Avenue, Suite 230

Coral Gables, FL 33146

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

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.)

Helena S. Ledbetter

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)

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