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Page 1 of 1

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LIMITED LIABILITY COMPANY

Abundant Life Counseling and Tutorial Services, LLC

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Abundant Life Counseling and Tutorial Services, LLC**

ARTICLE II - Address

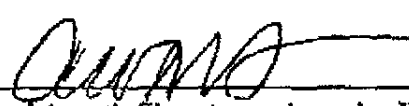
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:3298 NW 169 TRMiami Gardens, FL 33056**Mailing Address:**3298 NW 169 TRMiami Gardens, FL 33056**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Argerine Williams LCSWName3298 NW 169 TR(P.O. Box or Mail Drop Box **NOT** Acceptable)Miami Gardens, FL 33056(City / State / 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.



Registered Agent's Signature - Argerine Williams LCSW

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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:MGRMArgerine Williams-3298 NW 169 TR, Miami Gardens, FL 33056

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or 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.)

Argerine Williams

Typed or printed name of signee

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