Division of Corporations

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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 : A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247 : (800)494-3124 Phone : (305)675-2811 Fax Number

Wendi Cassand,	LCSW, CAP, LLC
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company Is:

WENDI CASSAND, LCSW, CAP, LLC

ARTICLE II: Address

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

4821 NE 5TH TERRACE

FORT LAUDERDALE, FLORIDA 33334

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

WENDI CASSAND, LCSW, CAP

4821 NE 5TH TERRACE

FORT LAUDERDALE, FLORIDA 33334

Having been named as registered agent 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.



WENDI CASSAND, LCSW, CAP / REGISTERED AGENT'S SIGNATURE

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WENDI CASSAND, LCSW, CAP, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

WENDI CASSAND, LCSW, CAP 4821 NE 5TH TERRACE FORT LAUDERDALE, FLORIDA 33334



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.)

WENDI CASSAND, LCSW, CAP