Electronic Articles of Organization For Florida Limited Liability Company

L09000042796 FILED 8:00 AM May 04, 2009 Sec. Of State gharvey

Article I

The name of the Limited Liability Company is: SHAPING SPEECH THERAPY, LLC

Article II

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

1358 TWIN RIVERS BLVD OVIEDO, FL. US 32766

The mailing address of the Limited Liability Company is:

1358 TWIN RIVERS BLVD OVIEDO, FL. US 32766

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

KELLY M ROBERTSON 1358 TWIN RIVERS BLVD OVIEDO, FL. 32766

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.

Registered Agent Signature: KELLY M. ROBERTSON

Article V

The name and address of managing members/managers are:

Title: MGR KELLY M ROBERTSON 1358 TWIN RIVERS BLVD OVIEDO, FL. 32766 US

Signature of member or an authorized representative of a member

Signature: KELLY ROBERTSON

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