

L12000001014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

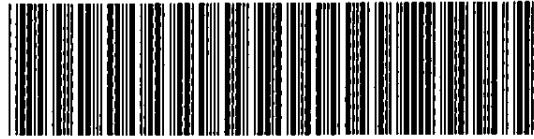
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Office Use Only

**B. KOHR**  
JAN - 4 2012  
**EXAMINER**



800215479658

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 JAN - 3 PM 4:15

RECEIVED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN - 3 AM 8:57



CORPORATION SERVICE COMPANY

FILED - STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JAN -3 AM 8:57

ACCOUNT NO. : I20000000195

REFERENCE : 047973 4339957

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : January 3, 2012

ORDER TIME : 3:09 PM

ORDER NO. : 047973-005

CUSTOMER NO: 4339957

DOMESTIC FILING

NAME: AUTISM EDUCATIONAL AND  
BEHAVIORAL TRAINING SERVICES,  
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -3 AM 8:57

TO: Registration Section  
Division of Corporations

SUBJECT: Autism Educational and Behavioral Training Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaclyn Cirillo  
Name of Person

Autism Educational and Behavioral Training Services, LLC  
Firm/Company

200 East Palmetto Park Road, Suite 2  
Address

Boca Raton, Florida 33432  
City/State and Zip Code

dcc@glglaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel C. Callaway at ( 212 ) 809-4220  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JAN -3 AM 8:57

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Autism Educational and Behavioral Training Services, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

200 East Palmetto Park Road, Suite 2  
Boca Raton, Florida 33432

same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jaelyn Cirillo  
Name

200 East Palmetto Park Road, Suite 2  
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33432  
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.*

Jaelyn Cirillo  
By: Jaelyn Cirillo  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Jaelyn Cirillo

200 East Palmetto Park Road, Suite 2

Boca Raton, Florida 33432

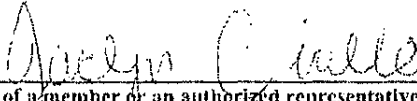
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jaelyn Cirillo

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)