Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

Glenda's Behavioral Consulting, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORIGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TCLE (NAME
-101		13/2/10/10

The name of the Limited Liability Company is:

Glenda's Behavioral Consulting, LLC

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is:

1589 Amberles Dr. N Dunedin, FL 34698

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

The name and Flurida Street address of the initial registered agent is:

Glenda Horne-Glaub

1589 Amberica Dr. N Dunedin, FL 34698

Having been named as registered agent and to accept service of process for the above stated limited tishdity company at the place durigated in this certificate. I hereby secupit the appointment as registered agent and agree to not 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 famillar with and accept the ubligations of my pusition as registered agent as provided for in Chapter 605, F.S.,

PR-3 PHI25

ARTICLE IV Manageris)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

Glanda Horne-Glaub - MGR 1589 Amberlea Dr. N Dunedin, FL 34698

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing,

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am awate that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.)

Signmure/Incorporator/MGR.

Date

CA LOUNE 121AD

Printed name of Signer