

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO. THINKERING KIDS THERAPY, LLC

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

THINKERING KIDS THERAPY "LLC." of "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:
2828 COLAL WAY	2828 COLAC WHY
GUITE 205	Switt 205
41AMI FL 33145	MIAMI FL 33145

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:

HARIA VE	FRONICA C	ABREVA-
N	ame	
2828 CO	EAL WAY	_Swite 205
Florida street address (P.O. Box <u>NOT</u> accepta	able)
MIATU	FL 33	1145
City	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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the name and address of each person and	thorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AHBR_	MARIA VERDNICA CHARERA 2828 COCAL WAY SHUTE 205 MANIFOL 3314
AHBR	SERGIO J CABRELA
	2828 CORAL WAY SUITE 2
(Use attachment if necessary) LEV: Effective date if other than the date	of filing: (CPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be apte of filling.)	of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be appeared filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be apple of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days after OSSO ember or an authorized representative of a member.
CLE V: Effective date, if other than the date effective date is listed, the date must be apte of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation use a may be a may	ecific and cannot be more than five business days prior to or 90 days after the period of this document ander the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State elony as provided for in s.817.155. F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be apte of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation use a may be a may	ecific and cannot be more than five business days prior to or 90 days after the period of a member. 605,0203 (1) (b). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

Page 2 of 2

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