

LFCEC 96476

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000118709 3)))



H170001187093ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SAS NEW BEHAVIOR SUPPORT, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

17 MAY -1 PM 1:29

OFFICE OF
CORPORATE
SERVICES

17 MAY -1 PM 1:22

Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON

MAY 01 2017

H17000113709

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY
COMPANY
OF
SAS NEW BEHAVIOR SUPPORT, LLC.**

ARTICLE I - Name

The name of the Limited Liability Company is:

SAS NEW BEHAVIOR SUPPORT, LLC.

ARTICLE II - Address

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

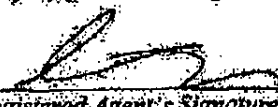
1800 N BAYSHORE DR APT 4202 MIAMI, FL 33132

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

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

**SERGIO A. SILVA CORTES
1800 N BAYSHORE DR APT 4202
MIAMI, FL 33132**

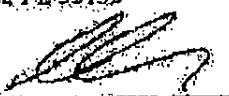
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

(x) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**SERGIO A. SILVA CORTES
1800 N Bayshore Dr Apt 4202
Miami, FL 33132**


Sergio A. Silva Cortes

**ANAYSI RUIZ ARILES
1800 N Bayshore Dr Apt 4202
Miami, FL 33132**


Anaysi Ruiz Ariles

H17000113709

H17000113709

(In accordance with section 605.020(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

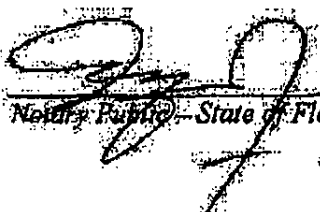
IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this April 27, 2017 at Miami, FL US.


Sergio A. Silva Cortes


Anaysi Ruiz Ariles

STATE OF FLORIDA
COUNTY OF DADE

Sworn and subscribed before me, this 27th of April of 2017 at Miami, FL by Mr. Sergio A. Silva Cortes and Anaysi Ruiz Ariles, who presented their FL Drivers License Nos. S412-781-80-0260 and R263-000-78-970-0 respectively as identification.


Notary Public - State of Florida

My Commission Expires:



17 MAY -1 15:11:22

FILE

H17000113709