

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000008453
FILED 8:00 AM
January 09, 2018
Sec. Of State
ialbritton

Article I

The name of the Limited Liability Company is:

FLORIDA MOBILE THERAPY CONSULTANTS LLC

Article II

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

480 NORTH PINE AVE
OVIEDO, . US 32765

The mailing address of the Limited Liability Company is:

480 NORTH PINE AVE
OVIEDO, . US 32765

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

Article IV

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

KY-ANN LONG
480 NORTH PINE AVE
OVIEDO, FL. 32765

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: KY-ANN LONG

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
KY-ANN LONG
480 NORTH PINE AVE
OVIEDO, FL. 32765 US

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Signature of member or an authorized representative

Electronic Signature: KY-ANN LONG

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.