

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

**L18000159430  
FILED 8:00 AM  
June 29, 2018  
Sec. Of State  
tscott**

**Article I**

The name of the Limited Liability Company is:  
GOOD KIDS THERAPY LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
20830 SW 87 AVE.  
203  
CUTLER BAY, FL. 33189

The mailing address of the Limited Liability Company is:  
20830 SW 87 AVE.  
203  
CUTLER BAY, FL. 33189

**Article III**

Other provisions, if any:  
BEHAVIOR THERAPY

**Article IV**

The name and Florida street address of the registered agent is:  
MARIA M FERNANDEZ  
20830 SW 87 AVE  
203  
CUTLER BAY, FL. 33189

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: MARIA M FERNANDEZ

### **Article V**

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

Title: AMBR  
MARIA M FERNANDEZ  
20830 SW 87 AVE APT 203  
CUTLER BAY, FL. 33175

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### **Article VI**

The effective date for this Limited Liability Company shall be:

06/29/2018

Signature of member or an authorized representative

Electronic Signature: MARIA M FERNANDEZ

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.