Division of Corporations Electronic Filing Cover Sheet

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lo:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone : (305)552-5973

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FLORIDA LIMITED LIABILITY CO. POSITIVE MINDS BEHAVIOR GROUP, LLC

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

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Positive minds Behavior Group, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liabilit	y	
7291 NW 174th Terr # 101			
Hialeah, Fl 33015		_	•
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limit Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	ed Liability Y		
Arianna Alvarez Crespu			
7291 NW 174Th Terr # 101			
Higlean FL 32015			
ARTICLE IV The name and title of each person authorized to manage and control the Lin Liability Company: (MGR or AMBR)	SECRETA TAKE AL	2018 OCT 17	71
Arianna Alvarez Crespo	Som.	7	
(AMBR)	EST	င်း	O
	TE	37	

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LAZARUS CORPORATE

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Required Signatures:

* Joseph Standard

Signature of a mendber 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 aware that any 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.

Typed or printed name of signee

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)