

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

**L18000271364
FILED 8:00 AM
November 21, 2018
Sec. Of State
idkelly**

Article I

The name of the Limited Liability Company is:

TAX REHAB CLINIC, LLC

Article II

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

3750 NW 87TH AVE
STE 520
DORAL, FL. US 33178

The mailing address of the Limited Liability Company is:

3750 NW 87TH AVE
STE 520
DORAL, FL. US 33178

Article III

Other provisions, if any:

N/A

Article IV

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

ALBERTO J IBARRA
9763 NW 32 ST
DORAL, FL. 33172

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: ALBERTO J IBARRA

Article V

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

Title: P
ALBERTO IBARRA
9763 NW 32 ST
DORAL, FL. 33172 US

Title: VP
SEBASTIAN SEMA
211 DEPOT AVE, APT 4208
DELRAY BEACH, FL. 33444 US

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Signature of member or an authorized representative

Electronic Signature: SEBASTIAN SEMA

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.