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Florida Department of State
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To: Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

Wright ABA, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Wright ABA, LLC**

ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

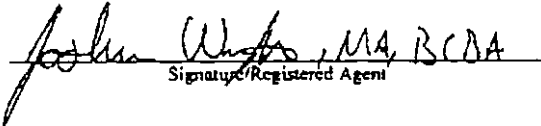
The physical place of business and mailing address is:

Physical Address:
7040 44th Street North
Pinellas Park, FL 33781

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

The name and Florida Street address of the initial registered agent is: **Joshua Wright**
7040 44th Street North
Pinellas Park, FL 33781

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.


Signature/Registered Agent

4/25/19
Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

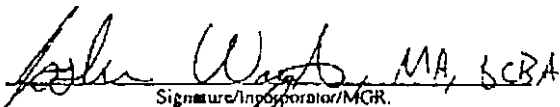
Joshua Wright - Manager
7040 44th Street North
Pinellas Park, FL 33781

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

Signature of a member 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.)


Signature/Incorporator/MGR.

4/25/19
Date

Joshua Wright, MA, BCBA
Printed name of Signer