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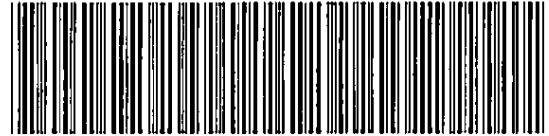
(Business Entity Name)

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Account#: I200000000088

Date: 12/30/2019

Name: Merritt Walker

Reference #: 1169726

Entity Name: SPECIAL NEEDS FINANCIAL PLAN, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125

Signature: *MW*

① CORPORATE HQ  
COGENCY GLOBAL INC.  
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**ARTICLES OF ORGANIZATION  
OF  
SPECIAL NEEDS FINANCIAL PLAN, LLC**

**DECEMBER 30, 2019**

These Articles of Organization of Special Needs Financial Plan, LLC, are being executed and filed by each of the undersigned, as the organizer and sole member, for the purpose of organizing a limited liability company under the Florida Revised Limited Liability Company Act.

1. The name of the limited liability company is Special Needs Financial Plan, LLC.
2. The mailing address and street address of the principal office of the limited liability company is 164 Manor Circle Jupiter, FL 33458.
3. The name of the registered agent is Cogency Global Inc., and the street address is 115 North Calhoun Street, Suite 4, Tallahassee, FL 32301 (Leon County).

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:

Merritt Walker  
By: Cogency Global Inc.  
Its: Asst. Secretary

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

Title:  
Managing Member

Name and Address:  
Ethan Freishtat  
164 Manor Circle  
Jupiter, FL 33458

5. These Articles of Organization shall become effective as of December 30, 2019

[Signature Page Follows]

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

  
\_\_\_\_\_  
Ethan Freishtat, Managing Member