Florida Department of State Chivision of Corporation Sectional Enlarg (Corporation)

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mialopez88@gmail.com

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FLORIDA LIMITED LIABILITY CO.

Applied Behavioral Innovations, LLC

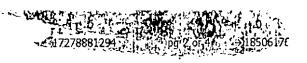
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COVER LETTER

Friday, January 24, 2020

New Filing Section To: Division of Corporation

17278881294

Subject: Applied Behavioral Innovations, LLC Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

Applied Behavioral Innovations, LLC

A

Florida Limited Liability Company

<u>ARTICLE I.</u>

Name

The name of the Limited Liability Company is: Applied Behavioral Innovations, LLC (the Company).

ARTICLE II. Address

The mailing address and street address of the principal office of the Company is:

6822 22nd Avenue North #124 Saint Petersburg, Florida 33710

ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Helary Zalla

FL Patel Law PLLC (sign)



ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Mia Lopez 6822 22nd Avenue North #124 Saint Petersburg, Florida 33710

ARTICLE V.

The Effective date shall be the date of filing.

Signature of a member or an authorized representative of a member.

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.

Mia Lopez

Authorized Representative/Member

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