

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

**L20000378229  
FILED 8:00 AM  
December 03, 2020  
Sec. Of State  
agent03**

**Article I**

The name of the Limited Liability Company is:  
BETTER DAYS OF THERAPY. LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
15523 SW 105TH AVE  
MIAMI, FL. 33157

The mailing address of the Limited Liability Company is:  
15523 SW 105TH AVE  
MIAMI, FL. 33157

**Article III**

The name and Florida street address of the registered agent is:  
ADRIANA LA O CESPEDES  
15523 SW 105TH AVE  
MIAMI, FL. 33157

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: ADRIANA LA O CESPEDES

### **Article IV**

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

Title: AMBR  
ADRIANA LA O CESPEDES  
15523 SW 105TH AVE  
MIAMI, FL. 33157

Title: MGR  
JORGE A BARRERO  
15523 SW 105TH AVE  
MIAMI, FL. 33157

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### **Article V**

The effective date for this Limited Liability Company shall be:

12/01/2020

Signature of member or an authorized representative

Electronic Signature: ADRIANA LA O CESPEDES

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.