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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. ADULTS & CHILD BEHAVIORAL THERAPY CARE, LLC.

Certificate of Status	1
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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTION D
ARTICLE I - Name: The name of the 12.
The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and i
ARTICLE II. Address.
The mailing address and street address of the principal office of the Limited Liability
Company is:
11790 Sw 89 st Suite 202.
Miami, FC, 33/8/6.
A DOWN COV.
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
Noelia Belga Meyes Alonso.
11480 Sw 89 St Swite 203.
Miani, FC, 33186.
ARTICLE IV
The name and title of each person authorized to manage and control the Limited $\stackrel{\bigcirc}{\sim}$ Liability Company: (MGR or AMBR)
AMBB
Moelia Belga Dieges Alonso.
··

Required Signatures:

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.

Moelia Gelga heyes Alonso.

Typed or printed name of signee

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 (REQUIRED)

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