

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L21000096836**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000089118 3)))



H210000891183ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
LEARNING LADDER THERAPY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEARNING LADDER THERAPY, LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3212 SW 143 CT  
MIAMI, FL 33185

3212 SW 143 CT  
MIAMI, FL 33185

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SEMPREUNITI, LLC.

Name

2101 BRICKELL AVE APT 2009

Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>FL</u>	<u>33129</u>
City	State	Zip

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..

Lilian Torres

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2021 MAR -5 PM 3:57  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR MGR

SEMPREUNITI LLC.  
2101 BRICKELL AVE APT 2009  
MIAMI, FL 33129

AMBR MGR

J & P VIGO ENTERPRISE CORP.  
3212 SW 143 CT  
MIAMI, FL 33175

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

LILIAM FUENTES CASTILLO

Typed or printed name of signee

FILED  
2021 MAR -5 PM 3:57  
STATE  
FLORIDA