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To:

Division of Corporations

Fax Number

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
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## FLORIDA LIMITED LIABILITY CO. TIFFANY PEREZ COUNSELING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARINIUT M	
ARTICLE I - Name: The name of the Limited Liability Company	
Tiffe to 1 Doing Company	ls:
Tiffany Perez Counseling	216
ARTICLE II - Address: The mailing address and street address of the Company is:	e principal office of the Limited Liability
309 Sul anth in	
309 SW 80th Avenue,	Miami FL 33144
A DODLOW TO THE	
ARTICLE III - Registered Agent, Registered O The name and the Florida street - 13	Office:
The name and the Florida street address of the Company cannot serve as its own Registered Agent. You must design with an active Florida registration.)	te registered agent are: (The Limited Liability
Zan anore)	of Library out these entity
309 SW 80th Avenue	Miami FL 33144
Tiffany Nicole Perez	
TO TO CE	
ARTICLE IV	
The name and title of each person authorized t Liability Company: (MGR or AMBR)	to manage and control the Limited
	22
	> 100
Tiffany Nicole Perez	(AMBR)
	HARK)
	HARK)
	HARK)
	HARK)

Required Signatures:

3052201440

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 lerein 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.

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 iù Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)