

6/16/2021

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Florida Department of State
Division of Corporations
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Email Address: RSFORZA@ROSEDALEDRAPALA.COM

**FLORIDA LIMITED LIABILITY CO.
NEXT STEP SPECIAL NEEDS SERVICES CONSULTING LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEXT STEP SPECIAL NEEDS SERVICES CONSULTING LLC

(Must end with 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:

5464 ENCLAVE CROSSING WAY T4
DELRAY BEACH, FL 33484

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DELRAY BEACH, FL 33484

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:

MAXINE BOGEN

Name

5464 ENCLAVE CROSSING WAY T4

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

DELRAY BEACH

FL 33484

City

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..

Maxine Bogen

Registered Agent's Signature (REQUIRED)

MAXINE BOGEN

(CONTINUED)

2021 JUN 16 AM 11:27
CLERK OF STATE
TALLAHASSEE, FL 32399-0400

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