

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

**L21000293925
FILED 8:00 AM
June 24, 2021
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:
MY FAVORITE THERAPISTS TAMPA, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5439 BEAUMONT CENTER BLVD
SUITE 1010
TAMPA, FL. US 33634

The mailing address of the Limited Liability Company is:
1239 E. NEWPORT CENTER DRIVE
SUITE 101
DEERFIELD BEACH, FL. US 33442

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
JO-JEAN PANTON FIGUEIRA
17286 BOCA CLUB
UNIT 2102
BOCA RATON, FL. 33487

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: JO-JEAN PANTON FIGUEIRA

Article V

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

Title: MGR
JAY KATARI
255 SE WAVECREST WAY
BOCA RATON, FL. 33432 US

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Article VI

The effective date for this Limited Liability Company shall be:

06/24/2021

Signature of member or an authorized representative

Electronic Signature: JAY KATARI

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.