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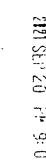
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COVER LETTER

New Filipg Section

TO:

Div	vision of Corp	porations				
SUBJECT:	AEQUITAS	S PSYCHOLOGI	GAL & CC	NSULTI	NG SERVICES LLC	·
		Nan	ne of Limite	d Liabili	y Company	
The enclose	d Articles of 0	Organization and	fee(s) are si	ıbmitted	for filing.	
Please return	n all correspo	ndence concernin	g this matte	r to the fi	ollowing:	
	Rita M. Seaco	chia, Paralegal				
-		· · · · · · · · · · · · · · · · · · ·		Name of I	Person	
	Brody Wilkin	son PC				
-				Firm/Cor	npany	
	2507 Post Ro	ad				
-				Addre	SS	
	Southport, Cl	06890				
d:	rmbernthaler(gmail.com	City	State and	Zip Code	
_	E	mail address: (to	be used for	future ar	mual report notificati	on)
For further inf	formation con	cerning this matte	r. please ca	II:		
ŀ	Rita M. Scacc	hia	203 at (,	319-7100	
	Name	of Person			Daytime Telephon	
Enclosed is a	a check for the	following amous	nt:			
■\$125,00 F		☐\$130.00 Filing Certificate of St	g Fee & atus	Certifie	.00 Filing Fee & d Copy Is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil	Address ing Section			i <mark>treet Address</mark> Sew Filing Section Di	
	P.O. Bo	of Corporations x 6327 (see, FL 32314		2	he Centre of Tallaha 415 N. Monroe Stree fallahassee, FL 3230.	et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AEQUITAS Psychological	ogical & Consulting Serv	vices LLC	
	ain the words "Limited L		y, "L.L.C.," or "LLC.")
ICLE II - Address:			
nailing address and street ad	idress of the principal off	ice of the Limit	ed Liability Company is:
<u>Princips</u>	al Office Address:		Mailing Address:
9063 Sand Pine Lane		90	63 Sand Pine Lane
West Palm Beach, FL 33412		West Palm Beach, FL 33412	
ICLE III - Registered Age	nt, Registered Office, & cannot serve as its own R	Registered Agen	est Palm Beach, FL 33412 ent's Signature:
ICLE III - Registered Age Limited Liability Company	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Agen	est Palm Beach, FL 33412
ICLE III - Registered Ages Limited Liability Company of er business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration. ddress of the registered a Mikacla Bernthaler	Registered Agen Legistered Agen) gent are:	est Palm Beach, FL 33412 ent's Signature:
ICLE III - Registered Ages Limited Liability Company of er business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration. ddress of the registered a Mikacla Bernthaler	Registered Agen	est Palm Beach, FL 33412 ent's Signature:
ICLE III - Registered Ages Limited Liability Company of er business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a Mikaela Bernthaler 9063 Sand Pine Lane	Registered Agen legistered Agen) gent are:	est Palm Beach, FL 33412 ent's Signature: You must designate an individual
ICLE III - Registered Ages Limited Liability Company of er business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration. ddress of the registered a Mikaela Bernthaler	Registered Agen legistered Agen) gent are:	est Palm Beach, FL 33412 ent's Signature: You must designate an individual
ICLE III - Registered Ages Limited Liability Company of er business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a Mikaela Bernthaler 9063 Sand Pine Lane	Registered Agen legistered Agen) gent are:	est Palm Beach, FL 33412 ent's Signature: You must designate an individual

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)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Mikaela Bernthaler
	9063 Sand Pine Lane
	West Palm Beach, FL 33412
	, <u>\\\</u>
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	► SE
	
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	<u>.</u>
V: Effective date, if other than the ctive date is listed, the date must l	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must I filing.) the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must if filing.) the date inserted in this block does nent's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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ective date is listed, the date must in filling.) the date inserted in this block does ment's effective date on the Department. E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ective date is listed, the date must if filing.) the date inserted in this block does nent's effective date on the Department's effective date on the De	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than the ctive date is listed, the date must I filing.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. A control of State and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.
V: Effective date, if other than the ctive date is listed, the date must if filing.) the date inserted in this block does ent's effective date on the Department's effective date on the Department's Council Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. A member or an authorized representative of a member, xecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)