

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

**L21000432052
FILED 8:00 AM
October 01, 2021
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

NANI BEHAVIOR THERAPY LLC

Article II

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

11790 SW 18 ST
404
MIAMI, FL. US 33175

The mailing address of the Limited Liability Company is:

11790 SW 18 ST
404
MIAMI, FL. US 33175

Article III

Other provisions, if any:

ALL LAWFULL BUSINESS ACTIVITIES RELATED TO BEHAVIORAL
THERAPY.

Article IV

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

YANISLEY SANTANACH MORELL
11790 SW 18 ST
404
MIAMI, FL. 33175

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: YANIESLEY SANTANACH MORELL

Article V

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

Title: MGR
YANISLEY SANTANACH MORELL
11790 SW 18 ST APT 404
MIAMI, FL. 33175 US

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Article VI

The effective date for this Limited Liability Company shall be:

10/01/2021

Signature of member or an authorized representative

Electronic Signature: YANISLEY SANTANACH MORELL

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.