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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

RAINBOW OF BLESSING BEHAVIOR LLC

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Certificate of Status	0
Certified Copy	1
Page Count	03
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Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAINBOW OF BLESSING BEHAVIOR LLC

Principal Office Address:

(Must contain the words "Limited Liability Company, "L.I.,C.," or "LLC.")

ARTICLE II - Address:

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

	•
7500 NW 25th ST	7500 NW 25th ST
STE 207	STE 207
DORAL FL 33122	DORAL FL 33122

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:

GILBERTO DIA	ZMIRA		·	
	Name	v		· .
7500 NW 25th S	T STE 207			
Florida street ad	dress (P.O. Bo	x NOT acce	ptable)	
DORAL	FL		33122	
City	State	•	Zin	

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)

Page: 4 of 4

•	ARTICLE IV-		· · · · · · · · · · · · · · · · · · ·
	The name and address of each per	rson authorized to manage and control the Limited Liability Company:	
	Title:	Name and Address:	
	"AMBR" = Authorized Member		. ".,
	"MGR" = Manager		
	· AMBR	GILBERTO DIAZ MIRA	
	AMBA	7500 NW 25th ST STE 207	•
		DQRAL, FL 33122	,
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•	(Use attachment if necessary)	ठ ॅड	ë É
•	(Ose adactiment it necessary)	<u>or</u>	t.
ART	ICLEV: Effective date, if other than the	he date of filing: (OPTIONAL)	 ,
(If an	effective date is listed, the date must	t be specific and cannot be more than five business days prior to or 90	days ofter
the da	ate of filing.)		
Note	: If the date inserted in this block doe	es not meet the applicable statutory filing requirements, this date will not	be listed as
· · the d	locument's effective date on the Depar	rtment of State's records.	
			•
ART	ICLE VI: Other provisions, if any.		
			
	REQUIRED SIGNATURE:		
		_	
	Cilberte Dia /pr 29, 292	217695071	
	Signature o	of a member or an authorized representative of a member.	

GILBERTO DIAZ MIRA Typed or printed name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 5.00 Certificate of Status (Optional)