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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : 128170000090  
Phone : (305)358-1310  
Fax Number : (305)593-6701

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Email Address: arod8723@gmail.com

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CORPORATIONS  
COMMERCIAL  
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FLORIDA LIMITED LIABILITY CO.  
MORE THAN COUNSELING LLC

Certificate of Status	0
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T. BURCH  
MAY 13 2022

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**MAY 11, 2022**

**MORE THAN COUNSELING LLC**

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**TALLAHASSEE, FLORIDA**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address**  
**5201 BLUE LAGOON DRIVE # 811**  
**MIAMI, FL 33126**

**Mailing Address**  
**5201 BLUE LAGOON DRIVE # 811**  
**MIAMI, FL 33126**

**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:*

**R&P ACCOUNTING & TAXES, INC**

Name

**150 SE 2<sup>ND</sup> AVE SUITE 404**

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

**MIAMI, FL 33131**

*FL City, State, and 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*

X

***Registered Agent's Signature (REQUIRED)***

**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

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

**Title:**


**YARIELA SEQUEIRA**  
3201 BLUE LAGOON DRIVE # 811  
MIAMI, FL 33126

**AUTHORIZED MEMBER**

**ARTICLE V**

**Effective date, if other than the date of filing (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED: SIGNATURE**

X   
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
**YARIELA SEQUEIRA**

**(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)**

## **ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is: THERAPY.*

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