Electronic Articles of Organization For Florida Limited Liability Company

L22000288479 FILED 8:00 AM June 27, 2022 Sec. Of State vherring

Article I

The name of the Limited Liability Company is: HOOD THERAPY, LLC

Article II

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

20431 NW 23RD CT MIAMI GARDENS, FL. 33056

The mailing address of the Limited Liability Company is:

21130 NW 39TH AVE MIAMI GARDENS, FL. 33055

Article III

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

JAYMESHAH BROWN 8403 PINES BLVD #1283 PEMBROKE PINES, FL. 33024

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: JAYMESHAH BROWN

Article IV

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

Title: MGR

WILLIE PHILLIPS JR 21140 NW 39TH AVE

MIAMI GARDENS, FL. 33055

Title: MGR

MAJOR J PHILLIPS 20431 NW 23RD CT

MIAMI GARDENS, FL. 33056

Title: MGR

SUMMER R PHILLIPS 4982 NW 16TH AVE MIAMI, FL. 33142

Article V

The effective date for this Limited Liability Company shall be:

06/20/2022

Signature of member or an authorized representative

Electronic Signature: WILLIE PHILLIPS JR

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.

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