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Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**FLORIDA LIMITED LIABILITY CO.**  
**NEXT STEP ABA LLC**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NEXT STEP ABA LLC

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

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:16699 COLLINS AVE., APT 2609  
SUNNY ISLES, FL 3316016699 COLLINS AVE., APT 2609  
SUNNY ISLES, FL 33160

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LAUREN SPEKTOR

Name

16699 COLLINS AVE., APT 2609Florida street address (P.O. Box **NOT** acceptable)SUNNY ISLESFL33160

City

State

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.


  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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OFFICE OF THE  
CLERK OF THE  
SUNNY ISLES, FL CIRCUIT

JCL

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**LAUREN SPEKTOR16699 COLLINS AVE., APT 2609SUNNY ISLES, FL 33160MGRNATALY PEREPELITSKAYA16699 COLLINS AVE., APT 2609SUNNY ISLES, FL 33160MGRWALEED ELDER16699 COLLINS AVE., APT 2609SUNNY ISLES, FL 33160

(Use attachment if necessary)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member:

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

LAUREN SPEKTOR

Typed or printed name of signee

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