Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

FLORIDA LIMITED LIABILITY CO. DG BEHAVIOR THERAPIST LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Mailing Adduses

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

:

The name of the Limited Liability Company is:

DG BEHAVIOR THERAPIST LLC

(Must contain 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:

r tincipal Office Address:	Manual Address:		
1704 MAGNOLIA DR	SAME		
WEST PALM BEACH, FL 33417			

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

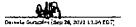
Principal Office Address.

(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:

DANIELA GONZALEZ	GUZMAN	
N	ame	
1704 MAGNOLIA DR		
Florida street address (P.	.O. Box <u>NOT</u> a	cceptable)
WEST PALM BEACH	FL	33417
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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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
AMBR	DANIELA GONZALEZ GUZMAN
	1704 MAGNOLIA DR WEST PALM BEACH, FL 33417
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And the second s	
(Use attachment if necessary)	
	L. ACT
ARTICLE V: Effective date, if other than the	date of filing:
the date of filing.)	re specific and caunot be more than live business days prior to or 50 (tays after
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departn	
•	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
ALC.	



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.

DANIELA GONZALEZ GUZMAN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)