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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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.
UNLOCKING POSITIVE BEHAVIOR LLC**

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

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**ARTICLES OF ORGANIZATION OF
UNLOCKING POSITIVE BEHAVIOR LLC**
a Florida Limited Liability Company

ARTICLE I

NAME

The name of the Limited Liability Company is **UNLOCKING POSITIVE BEHAVIOR LLC**
(the "Company").

ARTICLE II

ADDRESS

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

4780 Data Court
Orlando, Florida 32817

ARTICLE III

**REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S
SIGNATURE**

The name and Florida street address of the Company's registered agent are Capitol Corporate Services, Inc., 515 East Park Avenue, 2nd Floor, Tallahassee, Florida 32301.

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 of the Florida Statutes.

Capitol Corporate Services, Inc.

By:  David Tadlock, Assistant Secretary

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ARTICLE IV
MANAGING MEMBER

The Company shall be managed and controlled by its member. The name and address of the member are as follows:

United Cerebral Palsy of Central Florida, Inc.
4780 Data Court
Orlando, Florida 32817

Date: February 24, 2023

By: Authorized Person:


DOUGLAS B. STANFORD

This document is executed in accordance with Section 605.0203(1)(b) of the 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 Section 817.155 of the Florida Statutes.

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