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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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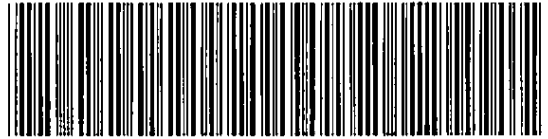
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MARC LAW ASSOCIATES PLLC

630 9TH AVENUE
SUITE 405
NEW YORK, NY 10036

PATRICK MARC, ESQ
Attorney at Law

TELEPHONE: (646) 434-6603
FAX: (888) 205-0246
WEBSITE: MARCLAWASSOC.COM
EMAIL: MARCESQ@MARCLAWASSOC.COM
BLOG: NYSTARTUPLAW.COM

PATRICK MARC, ESQ

New Filing Section
Florida Division of Corporations
The Centre of Tallahassee
1415N. Monroe Street
Tallahassee, Florida 32303

January 31, 202

To Whom It May Concern:

Re: Beehive ABA Spectrum Services LLC

This letter confirms our submission of the above referenced filing to your agency on behalf of our clients. Included in said submission are the following:

1. fully executed Articles of Organization including cover page and signature of Registered Agent.
2. check from our law firm for \$130.00 for filing fee and certificate of status.

Please reach out to me personally at (646) 216-8861 for any questions or concerns .

Very truly yours,

2023 JAN 31 AM 11:25
MARCLAWASSOC.COM
MARCESQ@MARCLAWASSOC.COM

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BEEHIVE ABA SPECTRUM SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK MARC,ESQ.

Name of Person

MARC LAW ASSOCIATES PLLC

Firm/Company

630 9TH AVENUE,STE 405

Address

NEW YORK, NY 10036

City/State and Zip Code

PMARCESQ@MARCLAWASSOC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK MARC at (646) 216-8861
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN 25 4:11:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEEHIVE ABA SPECTRUM SERVICES 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:

Principal Office Address:

Mailing Address:

13249 Old Florida Cir.
Hudson, FL 34669

same

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:

InCorp Services, Inc.

Name

3458 Lakeshore Drive

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

Tallahassee

FLA

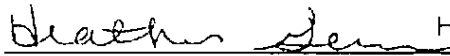
32312

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.



Heather Glenn on behalf of InCorp Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 FEB 2 AM 11:25

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Quartet Behavioral Services Inc.
1408B Clintonville Street
Whitestone, NY 11357

AMBR

Eleftheria Harley
13249 Old Florida Cir.
Hudson, FL 34669

(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.

PATRICK MARC, ESO.

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)

2023-11-21 AM 11:25

ARTICLE IV-

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

Quartet Behavioral Services Inc.
1408B Clintonville Street
Whitestone, NY 11357

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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 AUTHORIZED REPRESENTATIVE.

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.

PATRICK MARC ESO.

Typed or printed name of signee

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

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