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Florida Department of State
Division of Corporations
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Account Name : WISE TAX FIRM INC.
Account Number : I20210000018
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FLORIDA LIMITED LIABILITY CO.

Insightful Behavior Therapy LLC

Certificate of Status	0
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Page Count	03
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April 24, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WISE TAX FIRM INC.

,

SUBJECT: INSIGHTFUL BEHAVIOR THERAPY LLC
REF: W23000059291

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

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Christian L Tiffani
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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Insightful Behavior Therapy 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:**
Greta De La Caridad Fumero Sanin	931 NW 7TH PLACE
	CAPE CORAL FL 33993

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:

Greta De La Caridad Fumero Sanin
Name

931 NW 7TH PLACE
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL	FL	33993
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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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	Gretta De La Caridad Fumero Sanin 931 NW 7TH PLACE CAPE CORAL, FL 33993

(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.

Gretta De La Caridad Fumero Sanin
Typed or printed name of signee

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