

**L23000203691**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)517-6381

From:

Account Name : WISE TAX FIRM INC.  
Account Number : 120210000018  
Phone : (786)620-0001  
Fax Number : (786)227-6631

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

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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.

If you have any further questions concerning your document, please call (850) 245-6052.

Christian L Tiffani  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H23000148462  
Letter Number: 523A00009078

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TALLAHASSEE, FL

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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," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Gretta De La Caridad Fumero Sanin

Mailing Address:

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:

Gretta De La Caridad Fumero Sanin

Name

931 NW 7TH PLACE

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

CAPE CORAL

FL

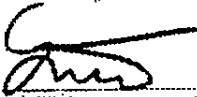
33993

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 33903

(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 605.020(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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