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Incorporating Services, Ltd.

1540 Glenway Drive
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850.656.7956

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www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/12/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1145842

ORDER ENTITY

FAMILY FIRST ABA THERAPY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FAMILY FIRST ABA THERAPY, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "M" or "N" with a stylized flourish.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

GALBUT, WALTERS & ASSOCIATES, LLP

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krichards@hudeap.com

May 10, 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Family First ABA Therapy, LLC –
Articles of Organization**

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

Please return all correspondence concerning this matter to the following:

Alan S. Walters, Esq.
Galbut, Walters & Associates, LLP
4770 Biscayne Blvd., Ste 1400
Miami, Florida 33137
awalters@galbutwalters.com

For further information concerning this matter, please call:
Alan S. Walters, Esq. at (786) 245-2317

Enclosed is a check or charge information for the following amount:
☐ \$160.00 Filing Fee, Certified Copy, Good Standing

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET / COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
FAMILY FIRST ABA THERAPY, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – NAME

The name of the limited liability company is Family First ABA Therapy, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
4770 Biscayne Blvd., Ste 860
Miami, Florida, 33137

Mailing Address:
4770 Biscayne Blvd., Ste 860
Miami, Florida, 33137

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Alan S. Walters
4770 Biscayne Blvd., Ste 1400
Miami, Florida, 33137

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.


Alan S. Walters

ARTICLE IV - PURPOSE

The Limited Liability Company is organized to perform any legal purpose.

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be May 10, 2023.

ARTICLE VI - MANAGERS

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

Title: MGR	Gita Galbut 4770 Biscayne Blvd., Ste 860 Miami, Florida 33137
Title: MGR	Yael Bienenfeld 4770 Biscayne Blvd., Ste 860 Miami, Florida 33137
Title: MGR	Elana Miller 4770 Biscayne Blvd., Ste 860 Miami, Florida 33137
Title: AR	Alan S. Walters 4770 Biscayne Blvd., Ste 1400 Miami, Florida 33137

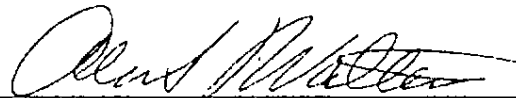
ARTICLE VII- CORRESPONDENCE

Any correspondence for the company should be addressed to:

Alan S. Walters
awalters@galbutwalters.com

2023 MAY 12 PM 12:26
STATE OF FLORIDA
DEPARTMENT OF STATE

SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE:



Signature of a member or an authorized representative
Alan S. Walters

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.