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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FL PATEL LAW PLLC
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: maggie.miller18@outlook.com

FLORIDA LIMITED LIABILITY CO.
Align Therapy Services PLLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**ARTICLES OF ORGANIZATION
FOR
ALIGN THERAPY SERVICES PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.
Name**

The name of the Professional Limited Liability Company is: Align Therapy Services PLLC (the "Company").

**ARTICLE II.
Address**

The principal office and mailing address of the Company is:

3702 W Spruce St
#1494
Tampa, Florida 33607

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**ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

Having been named as Registered Agent and to accept service of process for the above stated Professional 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.

Vishva S Nandu (sign)
FLP RA Services LLC

ARTICLE IV.
Area of Practice

The area of professional service of the Company is limited to the practice of mental health counseling.

ARTICLE V.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

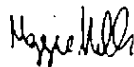
<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Maggie Miller 3702 W Spruce St #1494 Tampa, Florida 33607

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ARTICLE VI.

The Effective date shall be the date of filing.



(sign)

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.

Maggie Miller

Authorized Representative/Member