Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009

Phone : (305)599-0839 Fax Number : (305)592-9591

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# FLORIDA LIMITED LIABILITY CO. WE THE KIDZ, LLC

| Certificate of Status | 0        |  |
|-----------------------|----------|--|
| Certified Copy        | 1        |  |
| Page Count            | 02       |  |
| Estimated Charge      | \$155.00 |  |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1**

The name of the Limited Liability Company is: WE THE KIDZ, LLC.

### ARTICLE II

The mailing address and street of the principal office of the Limited Liability Company is: PRINCIPAL OFFICE ADDRESS: 2457 BEACON LANDING CIR ORLANDO, FL 32824

MAILING ADDRESS: The mailing address is: 2457 BEACON LANDING CIR ORLANDO, FL 32824

#### ARTICLE III

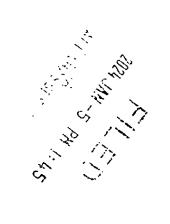
Purpose for which this Limited Liability Company is organized is:

AT WE THE KIDS., LLC., our mission is to empower individuals through a diverse array of educational tools, with a particular emphasis on Applied Behavior Analysis (ABA) and tutoring. We are dedicated to utilizing evidence-based ABA interventions, fostering positive transformations in the lives of our clients. Our commitment extends to personalized tutoring programs that cater to diverse learning styles, aiming to unlock academic potential. Through collaboration with families and communities, we strive to be a trusted partner, helping individuals be set up for success and promoting lifelong learning. At the core of our mission is a passion for making a meaningful impact, enhancing overall quality of life for those we serve.

#### ARTICLE IV

The name and Florida street address of the Registered Agent is:

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)

MARY CELESTE DA GAMA-FREITES 2457 BEACON LANDING CIR ORLANDO, FL 32824

# **ARTICLE V**

The name and address of managing members/managers are:
TITLE: MANAGER

MARY CELESTE DA GAMA-FREITES
2457 BEACON LANDING CIR

ORLANDO, FL 32824

### ARTICLE VI

The effective date for this Limited Liability Company shall be: JANUARY 2, 2024

Signature of member or an authorized representative of a member:

MARY CELESTE DA GAMA-FREITES

2457 BEACON LANDING CIR

**ORLANDO, FL 32824**