

To:

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1/16/24, 9:30 AM

From: Yanet Avila

# 124000017983

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. CHILDREN'S DREAMS THERAPY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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2024-01-16 14:54:22 GMT

13053284774

From: Yanet Avila

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CHILDREN'S DREAMS 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:

9312 NW 120TH ST APT 123  
HIALEAH GARDENS, FL 33018

Mailing Address:

SAME

### 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:

YAREMIS DIAZ

Name

9312 NW 120TH ST APT 123

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

HIALEAH GARDENS

FL

33018

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..*

Yaremis Diaz

2024-01-16 14:54:22 (EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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13053284774

From: Yanet Avila

#### ARTICLE IV-

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

AMBR

YAREMIS DIAZ  
9312 NW 120TH ST APT 123  
HIALEAH GARDENS, FL 33018

(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:**

  
Open signature 16.02.2014 250

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.

YAREMIS DIAZ

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)