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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WASHINGTON WELLNE	SS AND MENTAL H	EALTH COUNSELING LLC
(Must contain the	words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
iling address and street address  Principal Offi		of the Limited Liability Company is:  Mailing Address:
13100 SW 259 ST		P.O BOX 700412

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

YOLANDA HILL-WASHINGTON
Name

13100 SW 259 STREET

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

HOMESTEAD FLORIDA 33032
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 Ages's Signature (REOUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager  AMBR  YOLANDA HILL-WASHINGTON P.O. BOX 700412 MIAMI, FL 33170  TICLE V: Effective date, if other than the date of filing: 1/1/2024 Interest of the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)  Interest of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of state of the provision submitted in a document to the Department of State on the Department of State on the Department of State of the provision submitted in a document of the Department of State on the Department of State of Organization and Designation of Registered Agent S 30.00 Certificate of States (Optional)	"MGR" = Mana				
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