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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC
Account Number : I20230000092
Phone : (786)356-1156
Fax Number : (305)564-6768

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@PRIMEFILING.COM

**FLORIDA LIMITED LIABILITY CO.
BLUE SHINE THERAPY ABA SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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2024 JUN 28 PM 1:01

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE SHINE THERAPY ABA SERVICES 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:

9500 SW Ligorio way

Port St Lucie, FL 34987

Mailing Address:

9500 SW Ligorio way

Port St Lucie, FL 34987

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:

DOWNTOWN ACCOUNTING MIAMI

Name

14 NE 1st Ave, Suite 706

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

MIAMI,

FL

33132

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..

Cesar Vidal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATE REGISTRATION
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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" – Authorized Member

"MGR" = Manager

AMBR

JUAN FERNANDO RIASCOS RAMOS

9500 SW Ligorio way

Port St Lucie, FL 34987

(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.

THE PURPOSE OF THE ENTITY SHOULD BE PROFESSIONAL BEHAVIOR SERVICES

REQUIRED SIGNATURE:



JUN 28 2024 7:43:10 PM
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.

JUAN FERNANDO RIASCOS RAMOS

Typed or printed name of signer