

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From:
 Account Name : DMG FINANCIAL SERVICES INC
 Account Number : I20230000151
 Phone : (305)595-2407
 Fax Number : (305)595-2408

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

Email Address: _____

RECEIVED
 2024 JUL -9 PM 12:56
 DIVISION OF CORPORATIONS
 ELECTRONIC FILING SERVICES

**FLORIDA LIMITED LIABILITY CO.
 MADELINE BEHAVIORAL THERAPY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2024 JUL -9 PM 4:27

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MADELINE BEHAVIORAL THERAPY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA E RUIZ
Name of Person
DMG TAX SERVICE
Firm/Company
7750 SW 117TH AVE SUITE 203
Address
MIAMI FLORIDA 33183
City/State and Zip Code
MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA RUIZ 305 595-2407
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL -9 PM 4:27

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MADLINE BEHAVIORAL 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:

7101 SW 89 COURT APT 311
MIAMI, FLORIDA 33173

Mailing Address:

7101 SW 89 COURT APT 311
MIAMI FLORIDA 33173

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:

MADLINE BEHAVIORAL THERAPY LLC

Name

7101 SW 89 COURT APT 311

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

MIAMI

FLORIDA

33173

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 Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

MADELINE MIRANDA MORALES
7101 SW 89 COURT APT 311
MIAMI FLORIDA 33173

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/10/2024 (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:



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.

MADELINE MIRANDA MORALES

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)