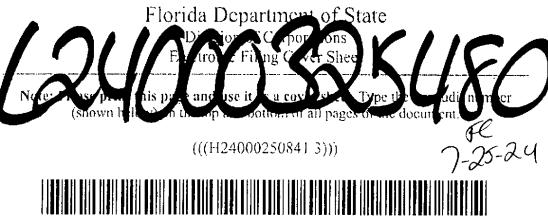
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Division of Corporations



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To:

Divisior of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

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

casil /	Address:		

FLORIDA LIMITED LIABILITY CO. VMAP BEHAVIOR SERVICES LLC

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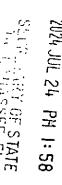
Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VMAP Behavior Ser	vices LLC.			
(Must cont	ain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited	f Liability Company is:	
Princip	al Office Address:		Mailing Address:	
_1940 Plumas Way C	0:lando FL 32824		40 Piumas Way Orlando FL 32824	
another business entity with an a	active Florida registratio	n.)	You must designate an individual c	ır
another business entity with an a	active Florida registratio	n.) : agent are: ez Pineiro Name		or
another business entity with an a	nctive Florida registration address of the registered Victor Manuel Alvarr 1940 Plumas Way	n.) : agent are: ez Pineiro Name		ır
another business entity with an a	address of the registered Victor Manuel Alvarr 1940 Plumas Way Florida street address	n.) : agent are: ez Pineiro Name	rceptable)	ır
another business entity with an a the name and the Florida street of the name and the Florida street of the name as registered a lace designated in this certificate, wither agree to comply with the pro-	nctive Florida registration address of the registered Victor Manuel Alvard 1940 Plumas Way Florida street address Orlando City agent and to accept service I hereby accept the appearwisions of all statutes received.	ex.) agent are: Property Ringery Name State Ce of process for the pintment as register elating to the proper	cceptable)	any at i pacity. utles, a

(CONTINUED)



ARTICLE IV-

From Yanet Avila

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Victor Manuel Alvarez Pineiro _1940 Plumas Way Orlando FL 32824__ (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: Signature of a member or an authorized representative of a member-This document is executed in accordance with section 605 0203 (1) (b), Florida Stations. 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 \$.817.155, F.S. VICTOR MANUEL ALVAREZ PINEIRO Typed or printed name of signee