## Florida Department of State Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. AMS SPEECH THERAPY LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	Office Address:		Mailing Address:
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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 695, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

AMBR  Antonia Simms  111 SW 27th Rd  Miami, FL 33129   Use attachment if necessary)  V: Effective date, if other than the date of filing:  (OFTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  te date inserted in this block does not meet the applicable statutory tiling requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.	Title: "AMBR" = Authorized Member	Name and Address:
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