

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000424185
FILED 8:00 AM
October 01, 2024
Sec. Of State
releavers**

Article I

The name of the Limited Liability Company is:

ABA HEALTH CARE CONSULTING LLC

Article II

The street address of the principal office of the Limited Liability Company is:

9239 CYPRESS COVE DRIVE

A

ORLANDO, FL. 32819

The mailing address of the Limited Liability Company is:

9239 CYPRESS COVE DRIVE

A

ORLANDO, FL. 32819

Article III

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

AMY ALLEN

9239 CYPRESS COVE DRIVE

ORLANDO, FL. 32819

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.

Registered Agent Signature: AMY ALLEN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
AMY ALLEN
9239 CYPRESS COVE DRIVE
ORLANDO, FL. 32819

L24000424185
FILED 8:00 AM
October 01, 2024
Sec. Of State
rlefeavers

Article V

The effective date for this Limited Liability Company shall be:

10/01/2024

Signature of member or an authorized representative

Electronic Signature: AMY ALLEN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.