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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

ACCOUNT Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

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

Email Address: Missy olivephd & yahoo. com

Foreign Limited Liability Company APPLIED BEHAVIORAL STRATEGIES, LLC

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APPLIED BEHAVIORAL STRATEGIES, LLC 5910 POST BLVD., UNIT 110434 BRADENTON, FL 34211

June 29, 2020

Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Consent to Use of Same Name

Dear Sir or Madam:

Applied Behavioral Strategies, LLC (Document No. L14000103913) hereby consents to the use of the name Applied Behavioral Strategies, LLC, a Connecticut limited liability company (the "Company") for purposes of the filing of an Application by Foreign Limited Liability Company for Authorization to Transact business in Florida on behalf of the Company Furthermore, the members of the Company are also the members of the existing Florida limited liability company.

Sincerely,

APPLIED BEHAVIORAL STRATEGIES, LLC a Florida limited liability company

By.

Melissa L. Olive

Its: Sole Member

IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	AL STRATEGIES, LLC		
(Name of Fore Please see attached conser	eign Limited Liability Company; must include "Lir	mited Liability Company," "LL.C.," o	or "LLC.")
	it for use or same name ternale name adopted for the purpose of transactin	a business in Florida. The elternate no	was must include "I imited
Liability Company," "L.L.C,"		R onsuless in Liouwy The westings in	nue marriarione Ediffice
2. Connecticut	3		
company is organized)	of which foreign limited liability	(FEI number, if applicable	c)
4. Date of filing with Floa	rida Department of State		
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) octermine penalty liability)	
5. 5910 Post Blvd., Unit	110434		_
Bradenton, FL 34211			
	(Street Address of Principal Offic	(e) :	_ - 25
6. P.O. Box 3957		· ·	2626
Woodbridge, CT 0652	5		ا اور اور اور اور اور اور اور اور اور او
	(Mailing Address)		-
7. Name and street addres	s of Florida registered agent: (P.O. Box NO	<u>Cacceptable</u>)	
Name:	Corporate Creations International Inc.		
Office Address:	801 US Highway 1		*** **********************************
	North Palm Beach	, Florida 33408	
	(City)	(Zip code)	
designated in this applicat to complywith the provision	gistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the process and cony position as registered agent.	stered agent and agree to act in the complete performance of my dution Jim Perkins, Vice Pre	his capacity. I further agree es, and I am familiar with and
	(Regustered agent's si	gnature)	
8. The name, title or capa	city and address of the person(s) who has/hav	e anthority to manage is/are:	
Melissa L. Olive, Manager	r, P.O. Box 3957, New Haven, CT 06525		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in bmitted)	authenticated by the official having a a foreign language, a translation of	custody of records in the of the certificate under oath
	Signature of an authorize	ed person	_
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), I the Department of State constitutes a third dep	Florida Statutes. I am aware that ar gree felony as provided for in s.81	ny false information 7,155, F.S.

Typed or printed name of signee

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA.

IN COMPLANCE WITH SECTION 605 0902 FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECESTER A POREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA

APPLIED BEHAVIORAL STRATEGIES, LLC	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "	LLC.T
lease see attached consent for use of same name	
I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name isbility Company," "L.L.C." or "LLC.")	must jachide "Limited
利用的 DECEMBER OF CONTRACT OF THE	-1.
Connecticut	<u> </u>
(Junisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
Date of filing with Florida Department of State	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904:& 605.0905, F.S. to determine penalty betaility)	
5910 Post Blvd., Unit 110434	· · · · · · · · · · · · · · · · · · ·
Solding bridge continues and the state of th	
Bradenton, FL 34211	
(Street Addréss of Principal Office)	
P.O. Box 3957	
Woodbridge, CT 06525	\$
(Mailing Address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	and adjuly to the
Office Address: 801 US Highway 1	
North Palm Beach	
, Florida. (City) (Zip code)	
egistered agentis acceptance:	
laving been named as registered agent and to accept service of process for the above, stated limited liabilit esignated in this application, Thereby accept the appointment as registered agent and agree to act in this	y company at the place
complywith the provisions of all statutes relative to the proper and complete performance of my duties,	capacity: 1 Junner agre ind I am familiar with a
exept the obligations of my position as registered agent.	
(Registered agont's signature)	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
telissa L. Olive, Sole Members P.O. Box, 3957, New Haven, CT 06525	
	<u> </u>
Attached is a certificate of existence, no more than 90 days old; duly authenticated by the official having on	stady of encords in the
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of it	ie certificate under path
the translator must be submitted)	
Signature of an authorized person	
10. 1. a. a. b. a. a. a. a. a. a. b. b. b. a. a. a. a. a. a. a. b. b. b. a. a. a. b. b. b. b. b. b. b. b. b. b	-
his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any fi bruitted in a document to the Department of State constitutes a third degree belong as provided for in 5.817.11	Use information
The state of the s	

Typed or printed name of signce

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

APPLIED BEHAVIORAL STRATEGIES, LLC

a domestic limited liability company, were filed in this office on September 27, 2010.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: June 18, 2020

Business ID: 1016341 Express Certificate Number: 2020269599001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov