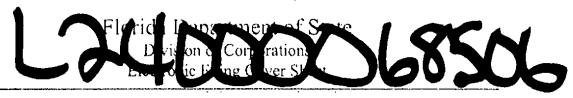
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Division of Corporations



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To:

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Fax Number : (850)617-6381

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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

Email Address:

FLORIDA LIMITED LIABILITY CO. QUIALA'S ABA THERAPY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE 1 - Name:

The name of the Limited Liability Company is:

QUIALA'S ABA 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:	Mailing Address:
12217 SW 129 CT	12217 SW 129 CT
MIAMI FL 33186	MIAMI FL 33186

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:

EDUARDO RAFAI	<u>L QUIALA AVILE</u>	<u>s</u>
	Name	
12217 SW 129 CT		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33186
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..

/s/ ("duando Rafael Quiala Aviles Registered Agent's Signature (REQUIRED)

(CONTINUED)



"MGR" == Manager	Name and Address:
AMBR	EDUARDO RAFAEL QUIALA AVILES 12217 SW 129 CT
	MIAMI FL 33186
(Use attachment if necessary)	
an effective date is listed, the date must be spendate of filing.)	e of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
 -,	ndo Rafael Giviala Aviles
Signature of a m This document is exect I am aware that any fals	nember of an authorized representative of a member. Hed in accordance with section 605,0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.

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)

SECRETAL OF STATE TALLAHASE LEFTORIDA

