

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L25000007260

4/4/1.6.25

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000004809 3)))



H250000048093ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS FILINGS INC
Account Number : I20220000042
Phone : (786)370-2432
Fax Number : (786)866-6349

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

Email Address: manoloian2004@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
MDL BEHAVIOR SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2025 JAN -6 PM 3:14

STATE OF FLORIDA
DIVISION OF CORPORATIONS

25 JAN -6 PM 6:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

((H25000004809 3)))**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

MDL BEHAVIOR SOLUTIONS 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:7732 SW 128TH PL
MIAMI FL 33183Mailing Address:7732 SW 128TH PL
MIAMI FL 33183**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:

ARNOLD ALFONSO, MARIA D.

Name

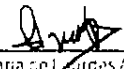
7732 SW 128TH PLFlorida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL33183

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.


Maria D. Arnold Alfonso (Jan 5, 2025 19:20 EST)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
25 JAN -6 PM 6:15
ORLANDO

((H25000004809 3)))

(((H25000004809 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ARNOLD ALFONSO, MARIA D.

7732 SW 128TH PL

MIAMI FL 33183

(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:


 Maria D. Arnold, Arnold Alfonso, Jan 5, 2025, 4:26 PM ET

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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 s.817.155, F.S.

ARNOLD ALFONSO, MARIA D.

Typed or printed name of signee

FILED
 SECRETARY OF STATE
 JAN 6 2025
 25 JAN -6 PM 6:15

(((H25000004809 3)))