ARTICLES OF ORGANIZATION

Corporation Division
sos.oregon.gov/business

E-FILED
Nov 08, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

232948190

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

MINDFUL STEPS THERAPY LLC

2. MAILING ADDRESS

114 EASTERN PARKWAY
NEWARK NJ 07106 USA

3. PRINCIPAL PLACE OF BUSINESS

2355 STATE ST STE 101
SALEM OR 97301 USA

4. NAME & ADDRESS OF REGISTERED AGENT

75788399 - REGISTERED AGENTS INC

2355 STATE ST STE 101
SALEM OR 97301 USA

5. ORGANIZERS

KEY-TORA L LOVE

114 EASTERN PKWY
NEWARK NJ 07106 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

KEY-TORA L LOVE

114 EASTERN PARKWAY
NEWARK NJ 07106 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

KEY-TORA L LOVE

114 EASTERN PKWY
NEWARK NJ 07106 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

10. PROFESSIONAL SERVICES

OtherLicensedProfessionperORS58.015(5)

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

KEY-TORA LOVE

TITLE

ORGANIZER

DATE

11-08-2024