

Florida Department of State
Division of Corporations
L21000288557

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

From: Account Name : INTERSTATE FILINGS LLC
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FLORIDA LIMITED LIABILITY CO.
HIGHER STANDARD HOME CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
FALL WASSER, FLORIDA
2021 JUN 17 PM 2:58

FILED

JUN 22 2021

T. SCOTT

2ND REQUEST TO FILE

ORIGINAL SUBMISSION DATE 06/17/2021

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIGHER STANDARD HOME CARE LLC

(Must end with 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:

4000 N FEDERAL HIGHWAY SUITE 212
BOCA RATON, FL 33431

125 OCEANA DR. E #5A
BROOKLYN, NY 11235

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:

JEFFRY VAROBEY

Name

4000 N FEDERAL HIGHWAY SUITE 212

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33431

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.



Registered Agent's Signature (REQUIRED)

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ARTICLE IV

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" Authorized Member	
"MGR" Manager	
MGR	JEFFRY VAROBEY
	4000 N FEDERAL HIGHWAY SUITE 212
	BOCA RATON, FL 33431

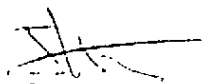
(Use attachment if necessary.)

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:



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.

JEFFRY VAROBEY

Typed or printed name of signee