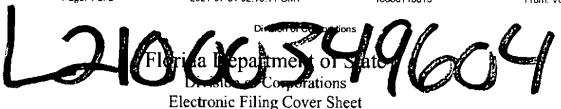
7/21/2021



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)425-0077

Fax Number

: (845)818-3588

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

Email Address: raservices@vcorpservices.zendesk.com

FLORIDA LIMITED LIABILITY CO.

@ Home Therapy Management LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

@ Home Therapy Management LLC	
(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")
ITICLE II - Address: c mailing address and street address of the principal office	of the Limited Liability Company is:
e mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal office	, , ,

The name and the Florida street address of the registered agent are:

Moishe Deutsch		
	Name	
4779 Collins Ave, A	Npt 603	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami Beach	Fl.	33140
Cly	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 (RECURS)

(CONTINUED)

1 AUG -2 PM 12: 43

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u> Moishe Deutsch 4779 Collins Ave, Apt 603 Miami Beach, Florida 33140 AMBR Esther Deutsch 4779 Collins Ave, Apt 603 Miami Beach, Florida 33140 (Use attachment if necessary) ARTICLEV: 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 30 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. ARTICLEVI: 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. Moishe Deutsch

Filing Fees:

Typed or printed name of sure

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)