

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L21000452596  
FILED 8:00 AM  
October 18, 2021  
Sec. Of State  
mnkane

**Article I**

The name of the Limited Liability Company is:  
CAREGIVERS HCP OF FLORIDA, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
650 GEORGE WASHINGTON HIGHWAY  
SUITE 102  
LINCOLN, RI. US 02865

The mailing address of the Limited Liability Company is:  
650 GEORGE WASHINGTON HIGHWAY  
SUITE 102  
LINCOLN, RI. US 02865

**Article III**

The name and Florida street address of the registered agent is:  
TIMOTHY H OLENN  
1900 GLADES ROAD  
245  
BOCA RATON, FL. 34431

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.

Registered Agent Signature: TIMOTHY H. OLENN, ESQ

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
DANIEL ASIEDU  
650 GEORGE WASHINGTON HIGHWAY, SUITE 102  
LINCOLN, RI. 02865 US

Title: AMBR  
RUTH MANCELL  
650 GEORGE WASHINGTON HIGHWAY , SUITE 102  
LINCOLN, RI. 02865 US

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Signature of member or an authorized representative

Electronic Signature: ANTHONY M. GALLONE , ESQ.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.