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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

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

Email Address: rsuarez@lyons-title.com

## FLORIDA LIMITED LIABILITY CO. ANGEL LOVING CARE, LLC

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# ARTICLES OF ORGANIZATION OF ANGEL LOVING CARE, ULC

ARTICLE 1 -- NAME

The name of the limited liability company is Angel Loving Care, LLC. (the "Company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 26954 Wildwood Pines Lane Bonita Springs, Florida 34135 Mailing Address: 26954 Wildwood Pines Lane Bonita Springs, Florida 34135

### ARTICLE III - REGISTERED AGENT. REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Ramon Suarez 26954 Wildwood Pines Lane Bonita Springs, Florida 34135

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.

Ramon Suarez

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#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR.

Gina Baroy

26954 Wildwood Pines Lane Bonita Springs, Florida 34135

REQUIRED SIGNATURE:

Seguature of a thember or an nuthorized 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 8.817.155. F.S.

Gina Barov

Typed or printed name of signee

709/ FEB .