

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

L24000278281  
FILED 8:00 AM  
June 19, 2024  
Sec. Of State  
vherring

**Article I**

The name of the Limited Liability Company is:  
HELPFUL HANDS A & M ASSISTANT LIVING LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4830 SW 114 CT  
MIAMI, FL. 33165

The mailing address of the Limited Liability Company is:  
4830 SW 114 CT  
MIAMI, FL. 33165

**Article III**

Other provisions, if any:  
HOME CARE

**Article IV**

The name and Florida street address of the registered agent is:  
MELISSA ORTS  
15436 SW 17 ST  
MIAMI, FL. 33185

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: MELISSA ORTS

## Article V

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

Title: AMBR  
MELISSA ORTS  
15436 SW 17 ST  
MIAMI, FL. 33195

Title: AMBR  
ANAMARY OLIVA GONZALEZ  
3330 SW 106 AVE  
MIAMI, FL. 33165

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## Article VI

The effective date for this Limited Liability Company shall be:

06/19/2024

Signature of member or an authorized representative

Electronic Signature: MELISSA ORTS

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.