L00000012996

3526 Oberon Avenue.
Boynton Beach, Fl.33436
10/18/2000.

Dear Sir or Madam:

My Name is Hyacinth Davis; Phone # (561) 738-6295 please call if you would like more info.

Thank you,

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-10/23/00--01014--002
****125.00 ****125.00

FILED
00 OCT 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-12996
9k

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: Bibsy's Health Care Plus, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing + Street: 624 28th street West Palm Beach, FL 33407

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Hyacinth Davis
Name

3526 Oberon Avenue
Florida street address (P.O. Box NOT acceptable)

Boynton Beach FL 33436
City, State, and 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 608, F.S..

Hyacinth Davis
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☑ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Hyacinth Davis
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HYACINTH DAVIS
Typed or printed name of signee

FILED
00 OCT 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
$ 100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (OPTIONAL)
$ 5.00 Certificate of Status (OPTIONAL)