



Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find two copies of the Articles of Organization for **Classic Care for you, LLC**. Also, enclosed please find a check made out to Florida Department of State for the amount of \$155.00.

Please send a stamped copy of the articles to:

Legalfilings.com, Inc.
20121 Ventura Blvd., Suite 302
Woodland Hills, CA 91364

Sincerely,

Nikki Patel
Client Services Specialist

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SECTION OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Classic Care for you, LLC.

ARTICLE II - Address:

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

2201 South Ocean Dr., #2506, Hollywood, FL 33019

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

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

Registered Agents Legal Services, ~~INC.~~

Name

1333 North Duval Street

Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32302

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.

Michael W. Ashley, Jr.
Registered Agent's Signature

MICHAEL W. ASHLEY, JR. ON BEHALF OF REGISTERED AGENTS LEGAL SERVICES, INC.

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)

Dean Patel
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.)

Dean Patel

Typed or printed name of signee

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)