

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
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Fax Number : (850) 205-0393

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

LAI HOME HEALTH, LLC.

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

LAJ HOME HEALTH, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

LAJ HOME HEALTH, LLC.

ARTICLE II - ADDRESS

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

**5542 SW 8 ST
CORAL GABLES, FL 33134**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

ALEXI RUIZ

5542 SW 8 ST

Florida street address (P.O.BOX NOT acceptable)

CORAL GABLES, FL 33134

City, State, and Zip

BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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TALLAHASSEE, FLORIDA

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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..



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