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	Florida Department of State
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	To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : I20010000247 Phone : (800)494-3124
	Fax Number : (305) 675-2811 FLORIDA/FOREIGN LIMITED LIABILITY CO.
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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I: NAME

The name of the Limited Liability Company is:

ELDERLY ADVOCATES, LLC.

ARTICLE II: Address

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

801 BRICKELL KEY BLVD, UNIT 1509

MIAMI FLORIDA 33131

### ARTICLE III: REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

HAMET A. PERALTA

801 BRICKELL KEY BLVD, UNIT 1509

MIAMI FLORIDA 33131

Having been named as registered agent 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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HAMET A. PERALTA / REGISTERED AGENT'S SIGNATURE



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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

HAMET A. PERALTA

801 BRICKELL KEY BLVD, UNIT 1509

MANAGING MEMBER: KAREN E. PERALTA

801 BRICKELL KEY BLVD, UNIT 1509 MIAMI FLORIDA 33131 X

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.)  $\geq$ 

HAMET A. PERALTA

2007 MAR 26 AM 10: 05 SECRETARY OF STATE

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