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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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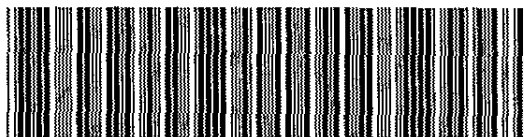
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/07--01011--033 **125.00

Effective Date 08/02/2007

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
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T. Hampton AUG 09 2007

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: Articles of Organization for **DESIRED OUTCOME SERVICES LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

ARLENE CROSBY

(Name of Person)

DESIRED OUTCOME SERVICES LLC

(Firm/Company)

708 Chestnut Bay Court #201

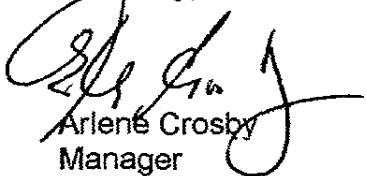
(Address)

Orlando, FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call ARLENE CROSBY at
(407) 401-9675.

Sincerely,


Arlene Crosby
Manager

Effective Date 08/02/2007

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

KNOW ALL MEN BY THESE PRESENTS: That I, ARLENE CROSBY desire to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Act, do establish:

ARTICLE I - Name:

The name of the Limited Liability Company is:

DESIRED OUTCOME SERVICES LLC

EIN:

ARTICLE II - Address:

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

**708 Chestnut Bay Court #201
Orlando, FL 32825**

ARTICLE III - Purpose:

That the purpose for which this limited liability company is organized is primarily to provide Care and Services to the Developmentally Disabled, and other goods and services that are permitted by law, within the laws of Florida.

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

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

Arlene Crosby
708 Chestnut Bay Court #201
Orlando, FL 32825

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, Florida Statutes.



Registered Agent's Signature

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DIVISION OF CORPORATIONS

ARTICLE V- Manager/Owner:


The name and address of the Manager/Owner is as follows:

MGR: Arlene Crosby – 100% Owner
708 Chestnut Bay Court #201
Orlando, FL 32825

ARTICLE VI - Effective date of the Limited Liability Company:

August 2, 2007

REQUIRED SIGNATURE:



Signature of owner/manager

(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.)

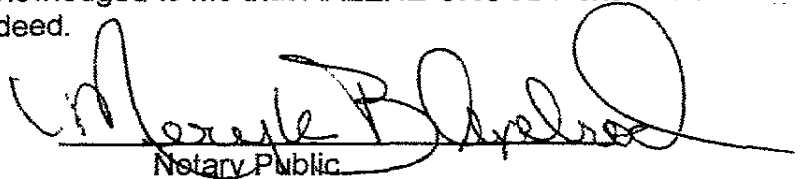
ARLENE CROSBY

Typed or printed name of signee

State of Florida

County of LAKE

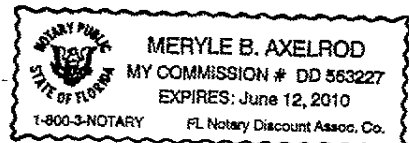
On this 2 day of August 2007, before me personally appeared ARLENE CROSBY, known to me to be the person described in and who executed the foregoing instrument and acknowledged to me that ARLENE CROSBY executed the same as his free act and deed.



Notary Public

My Commission Expires on:

June 12, 2010



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)

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DIVISION OF CORPORATIONS
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