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Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850) 617-6383

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

social care solutions, llc

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
SOCIAL CARE SOLUTIONS, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be: SOCIAL  
CARE SOLUTIONS, LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for  
which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company : 3099 S.W. 8<sup>th</sup> STREET, MIAMI, FL  
33135.**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
J. ALFREDO ARMAS, ESQ., 901 PONCE DE LEON BLVD, SUITE  
304, CORAL GABLES, FL 33134.**

**ARTICLE V**

**The name of the Managing Member(s) and Manager(s) shall be:**

**MANAGING MEMBER\MANAGER  
YANET RODRIGUEZ  
3099 S.W. 8<sup>th</sup> STREET  
MIAMI, FL 33135**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**SOCIAL CARE SOLUTIONS, LLC**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
Registered Agent

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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(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.)

**J. ALFREDO ARMAS, ESQ.**

\_\_\_\_\_  
Typed or printed name of signee

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