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FLORIDA LIMITED LIABILITY CO.
TRUSTING HANDS SERVICES, LLC.

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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE
44 NE 16th Street
Homestead, Florida 33030
305-247-7132
Florida Bar No. 435910

ARTICLES OF ORGANIZATION
OF
TRUSTING HANDS SERVICES, LLC.

ARTICLE I:

The name of this limited liability company shall be: TRUSTING HANDS SERVICES, LLC., a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

PHYSICAL ADDRESS:
10521 SW 124 AVENUE
MIAMI, FL 33186

MAILING ADDRESS:
P.O. BOX 972055
MIAMI, FL 33197

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ARTICLE III:

The name of the registered agent for TRUSTING HANDS SERVICES, LLC., is as follows:

GERALD SHELTON
10521 SW 124 AVENUE
MIAMI, FL 33186

ARTICLE IV:

This limited liability company shall be a member-managed company and shall be managed by *ONE* member managers.

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ARTICLE V:

The initial members of TRUSTING HANDS SERVICES, LLC, shall be:

GERALD SHELTON, as a 100% interest
10521 SW 124 AVENUE
MIAMI, FL 33186

ARTICLE VI:

The initial managing members shall be:

GERALD SHELTON (MGRM)
10521 SW 124 AVENUE
MIAMI, FL 33186

DATED this 28 day of Sept 2011.



GERALD SHELTON, Managing Member

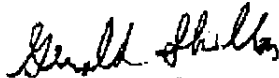
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
OF
TRUSTING HANDS SERVICES, LLC.**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 PROPERT AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED this 29 day of Sept. 2011.



GERALD SHELTON
Registered Agent
10521 SW 124 AVENUE
MIAMI, FL 33186

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