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B. BOSTICK

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EXAMINER

COVER LETTER		
TO: Registration Section Division of Corporations		
RRD's CO	iregivers, LLC	
SUBJECT: Name of Limite	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this man	er to the following:	
Valentina Chapman		
··	Name of Person	
CRAMER LAW CENTER,	الأحداد مستهم بمنافعه والمشاوي والفاقي المنافعة والمنافع	
	Firm/Company	
4217 Baymeadows Road,	مرحد المراحد المراجد المراحد	
	Address	
Jacksonville, FL 32217		
	y/State and Zip Code	
valentina@crameriawcenter.com	N for future annual report notification)	
For further information concerning this matter, please	• -	
Valentina Chapman	at (904) 448-9976	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
S125.00 Filing Fee Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Confidence Confidence Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
19 (19 m.) 19 (19 m.)	Section 1985 Annual Control of the Section 1985	
Mailing Address Registration Section Division of Corporations ,P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	
Service Conservation	Tallahussee, FL 32301	
Societism information -	11 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1	

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ARTICLES OF ORGANIZATION OF RRD's CAREGIVERS, LLC

The undersigned hereby executes and acknowledges the following Articles of Organization for the purpose of forming a limited liability company under the Limited Liability Company law of the State of Florida.

Article I: Name of Limited Liability Company

The name of the limited liability company is RRD's CAREGIVERS, LLC (the "Company").

Article II: Address

The mailing address and street address of the Company's principal place of business in this state is:

10023 Belle Rive Blvd., Unit 904, Jacksonville, FL 32256

Article III: Registered Agent, Registered Office, & Registered Agent's Signature

The name and address of the registered agent for service of process in the State of Florida is:

JEFFREY A. CRAMER 4217 Baymeadows Road, Suite 1 Jacksonville, FL 32217

Having been named as registered agent and to accept service of process for the 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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Article IV: Name and Address of each Manager

The name and business address of each Manager is:

RASHAUN R. DRAKE, Manager 10023 Belle Rive Blvd., Unit 904 Jacksonville, FL 32256

Article V: Effective date shall be as of the date of this filing.

Article VI: Duration

The period of duration of this company is perpetual.

RASHAUN R. DRAKE Manager and 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in .s 817.155, F.S.)

Article VII: Form of Management

The management of the Company shall be vested pursuant to an operating agreement in the following manager: RASHAUN R. DRAKE, or any other person who shall be appointed by the members.

7.1 Indemnification

- (a) The Company shall indemnify every manager, and the manager's heirs, executors and administrators, against expenses actually and reasonably incurred by the manager, as well as against any amount paid upon a judgment in connection with any action, suit, or other proceeding, civil or criminal, to which the manager may be made a party by reason of having been a manager of this limited liability company.
- (b) This indemnification is being given because the manager(s) will be requested by the Company to act for and on behalf of the Company and for the Company's benefit.
- (c) This indemnification is not exclusive of other rights to which the manager(s) may be entitled.
- (d) The manager(s) are entitled to the fullest indemnification allowed by the current law or as the law may be amended after the adoption of these articles.
- (e) A manager shall be liable to the Company for the following actions:
 - (1) Any breach of his or her duty of loyalty to the Company, or to its members;
 - (2) An act or omission that was taken in bad faith and which constitutes a breach of the Manager's duty to the Company by an act that is grossly negligent, malicious, or intentional, as those terms are defined at law;
 - (3) A transaction in which the manager benefits to the detriment of the Company or its members.
 - (4) An action for which the manager is liable at law and for which an indemnification is not allowed.

Article VIII: Purpose

The Company has been formed to provide caregiver services and to conduct or promote any lawful business or purpose permitted by the laws of the State of Florida.

Article IX: Right To Continue Business

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members have the right under the operating agreement to continue the business of the Company.

Article X: Tax Treatment

The Company is intended to be treated as a limited liability company for purposes of federal income taxation.

Article XI: Certificate of Membership

A member's interest in the Company may be evidenced by a certificate of membership interest signed by the managing member, which may be assigned or transferred. The right to assign or transfer a member's interest in the Company is limited by the provisions set forth in the Operating Agreement.

Executed by the undersigned organizer on October 4, 2012.

ORGANIZER:

RASHAUN ROBAKE

STATE OF FLORIDA

COUNTY OF DUVAL

This instrument was acknowledged before me on this 4th day of October, 2012 by RASHAUN R. DRAKE, who has produced a Florida driver's license as identification.

Notary Public

(SEAL)



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