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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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**FLORIDA LIMITED LIABILITY CO.
HOME CARE ASSISTANCE OF SOUTH FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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Help

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ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: HOME CARE ASSISTANCE OF SOUTH FLORIDA, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 1141 RIALTO DRIVE

City, State & Zip: BOYNTON BEACH, FL 33436

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

HEREDITH LAPINA

Name

1141 RIALTO DRIVE

Address (P.O. Box NOT Acceptable)

BOYNTON BEACH, FL 33436

City, State, Zip

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 688, F.S.

Heredit Lapina
Registered Agent's Signature

Date: 4/3/2013

- ☒ Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. HEREDITH LAPINA 1141 RIALTO DRIVE BOYNTON BEACH, FL 33436
- 2.
- 3.

Heredit Lapina
Signature of a member or an authorized representative of a member.
In accordance with section 688.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

HEREDITH LAPINA

Typed or printed name of signee

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