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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations			
	Adaptable Daily Living Solution	ons LLC		
SUBJ	Name of Limit	ed Liability Comp	any	
The en	iclused Articles of Organization and fee(s) are	submitted for filin	g.	
Please	return all correspondence concerning this matt	er to the following	ţ	
	Lorie Koves			
	May - 1 Al-	Name of Person	· Option of the orthogramme	the control of the co
		Firm/Company		**************************************
	3340 NE 190th Street Apartment 1	404		
	The Principles of the Principl	Address		
	Aventura, Florida 33180			
	Ciccon Ciccon	y/State and Zip Cod	c	
	E-mail address: (to be used t	for future annual rep	ort notification)	Wild distribution of the second of the secon
For fur	ther information concerning this matter, please	call:		
Cort	ney Couitcher	989	751-0639	
*************************************	Name of Person	at (Area Cod) c & Daytime Telepi	hone Number
	sed is a check for the following amount: .00 Fiting Fee U\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filit Certified Co (additional cap	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MaRing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I	iourier Address tion Section of Corporations suilding ecutive Center Ci	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Adaptable Daily Living Solutions L	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
3340 NE 190th Street	20533 Biscayne Blvd
	Suite 4-322
Apartment 1404	30116 4-322
Apartment 1404 Aventura, Florida 33180	Aventura, Florida 33180
ARTICLE III - Registered Agent, R	Aventura, Florida 33180 egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another

Law Offices of Sacks & Sacks
Name
1646 Emerson Street Suite B
Florida street address (P.O. Dox NOT acceptable
Jacksonville, Florida 32207
City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2615 美祖 24 M III: 00

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Lorie Koves
The state of the s	3340 NE 190th Street Apt 1404
	Aventura, FT33180
MGR	Cortney Couitcher
the state of the s	1819 SE 17th Street Unit 1201
	Fort Lauderdale, FI 33316
And the second s	
(Use attachment if necessary)	
LE V: Effective date, if other than the	ne date of filing: (OPTION/
ffective date is listed, the date mu or 90 days after the date of filing.)	st be specific and cannot be more than five busine

REQUIRED SIGNATURE:

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

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics 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.)

Lorie Koves OTR/L, CHT

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Page 2 of 2