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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

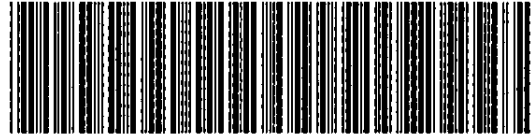
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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F. KEMI OGUNTEBI

Attorney at Law
Bankruptcy, Divorce, Immigration, General Civil Law, Family
109 NORTH ARMENIA AVENUE, TAMPA, FLORIDA 33609
(813) 254-8717

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

December 23, 2013

**RE: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED COMPANY
M CARE LLC.**

Dear Sir/Madam:

Enclosed please find the Articles of Organization for M CARE LLC. Also enclosed is a check in the amount of \$125.00, for the cost of filing the papers.

Please register the company and send the papers back to this office in the stamped self-addressed envelope that I have provided.

Sincerely,



Vanshell White
Paralegal for Fehintola Oguntebi

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is: M CARE LLC.

ARTICLE II- Address: The mailing address and street address of the principal office of Liability Company is:

Principal Office Address:

4226 Trumpworth Ct.
Valrico, Florida 33596

Mailing Address:

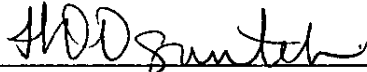
4226 Trumpworth Ct.
Valrico, Florida 33596

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Fehintola Oguntebi
109 N. Armenia Avenue
Tampa, Florida 33609

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 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 in Chapter 608, F.S.



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

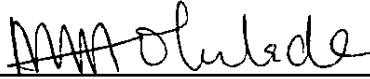
Manager

Modupe Olulade
4226 Trumpworth Ct.
Valrico, Florida 33596

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STATE OF FLORIDA
HALL COUNTY CLERK

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 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 third degree felony as provided for in s.817.155, F.S.)

MODUPE - A - OLULADE

Typed or printed name of signee

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STATE OF FLORIDA
DEPARTMENT OF STATE