

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000148614  
FILED 8:00 AM  
September 23, 2014  
Sec. Of State  
jshivers

**Article I**

The name of the Limited Liability Company is:  
LIKE MOMS CARE SERVICE PROVIDERS "LLC"

**Article II**

The street address of the principal office of the Limited Liability Company is:  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33060

The mailing address of the Limited Liability Company is:  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33060

**Article III**

The name and Florida street address of the registered agent is:  
CASSANDRA T MCCRAY  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33060

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.

Registered Agent Signature: CASSANDRA T. MCCRAY

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AP  
LAUREN MCCRAY-ECHEFU  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33060

Title: MGR  
CASSANDRA T MCCRAY  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33060

Title: AMBR  
JOHNNY L MCCRAY III  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33060

Title: AMBR  
ARLEN J MCCRAY  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33060

Title: AMBR  
UCHE ECHEFU  
149 NORTH WEST 15TH COURT  
POMPANO BEACH, FL. 33069

Title: AMBR  
EDDIE ELLISON  
16030 NORTH WEST 17TH PLACE  
MIAMI GARDENS, FL. 33054

#### **Article V**

The effective date for this Limited Liability Company shall be:

09/18/2014

Signature of member or an authorized representative

Electronic Signature: CASSANDRA MCCRAY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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