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**FLORIDA LIMITED LIABILITY CO.
ANDORS HOME HEALTH CARE LLC**

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EXAMINER

H14000263030

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be: **ANDORS HOME
HEALTH CARE LLC**

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 6153 SEVEN SPRINGS BLVD., GREEN ACRES, FL 33463

ARTICLE IV

The name of the Manager(S) shall be:

ANTHONY MULLINGS
6153 SEVEN SPRINGS BLVD
GREEN ACRES, FL 33463

DOROTHY M. MULLINGS
6153 SEVEN SPRINGS BLVD
GREEN ACRES, FL 33463

ARTICLE V

The name and Florida street address of the registered agent shall be:

ANTHONY MULLINGS
6153 SEVEN SPRINGS BLVD
GREEN ACRES, FL 33463

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

ANDORS HOME HEALTH CARE LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Anthony Mullings
Signature of Registered Agent

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANTHONY MULLINGS
Typed or printed name signee