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**FLORIDA LIMITED LIABILITY CO.
ARIANNE'S LOVING CARE, LLC**

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ARTICLES OF ORGANIZATION

OF

ARIANNE'S LOVING CARE, LLC

The undersigned member, for the purpose of forming a Limited Liability Company under the Laws of the State of Florida, hereby adopts the following Articles of Organization:

ARTICLE I

NAME

The name of the Limited Liability Company shall be:

ARIANNE'S LOVING CARE, LLC

ARTICLE II

PURPOSE

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

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

1031 Bel Aire Drive West

Pembroke Pines, FL 33027

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ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Arianne Joiselle Stomp
1031 Bel Aire Drive West
Pembroke Pines, FL 33027


ARTICLE V

MEMBERS

The Members of the Limited Liability Company shall be:

Managing Member:	Arianne Joiselle Stomp
Address:	1031 Bel Aire Drive West. Pembroke Pines, FL 33027

The undersigned has executed these Articles of Organization this
1st day of January 2015.



Signature

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In accordance with section ⁽⁶¹⁶⁾ 615.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE 
Ariance Joiselle Stomp


TITLE Managing Member

DATE 1/1/2015

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION, 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.

SIGNATURE 
DATE 1/1/2015

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