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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

то:	Registration Division of (Section Corporations		
SUBJI	CT: Welcon	ne Home Miami, LLC		
		Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please	return all corte	spondence concerning this m	atter to the following:	
	<u>Cristina F</u>	Rive <u>ra Correa</u>		
			Name of Person	
	Welcome	Home Miami, LLC		
			Firm/Company	
	4820 Ro	nda Street	·	
			Address	
	Coral Ga	bles, FL 33146	77. 49	
			City/State and Zip Code	
<u>,(1V</u>	<u>eracorrea,çns</u>	stina@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Cristin	a Rivera Corr	ea at (3	305) 302-7799 _	
	Nan	ne of Person		lephone Number
Enclose	ed is a check fo	or the following amount:		
□ \$125.0	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI	DORIDA IAWITED LABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Welcome Home Miami, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4820 Ronda Street Coral Gables, FL 33146	4820 Ronda Street Coral Gables, FL 33146
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Cristina Rivera Correa	
Name	
4820 Ronda Street	
Florida street address (P.O. Box	NOT acceptable)
Coral Gables	FL 33146
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in ter 605, F.S
Registered Agent's Signature	ure (REQUIRED)
(CONTINUE Page 1 of 2	15 APR 16 AM 7: 54 CORE LARY OF STATE LARESSEE FLORIG.
	200 m

AMBR" = Manager MGR Cristina Rivera Correa 4820 Ronda Street Coral Gables, FL 33146 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or stilling.) VI: Other provisions, if any. REQUIRED SIGNATURE: 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? I am aware that any false information submitted in a document to the Department of State or constitutes a third degree felony as provided for in s.817.155, F.S.) Cristina Rivera Correa Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: 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. 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.) Cristina Rivera Correa Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	'AMBR" = Authorized Member	
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