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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Name of Limited Liability Company
realist of Eliminate Eligibility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DayledSon Antoine Name of Person
Nurture Care LLC Firm/Company
2313 3rd ST SW Address
David Son-Antoine 35 Ochahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Davidson Antoineat (154) 214-9628 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Add	<u> </u>		
Bradenton Beach, FL Vero Beach 34217 32962	ST D, FL	SW	٠
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an in another business entity with an active Florida registration.)	dividual or	r	
The name and the Florida street address of the registered agent are: Daved Son Antoine			
Name			
117 7th St N			
Florida street address (P.O. Box NOT acceptable)			
Bradenton Beach, FL 3427 City State Zip			
City State Zip			
Having been named as registered agent and to accept service of process for the above stated limited liab place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performan am familiar with and accept the obligations of my position as registered agent as provided for in Chapte	in this cap ce of my di	acity. I uties, an	
1 Dz (citu			
Registered Agent's Signature (REQUIRED)			
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Page 1 of 2	<u>OBORTARY OF STATE</u>	2015 HAY 22 P	
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<u> Citle:</u>	Name and Address:				
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'MGR" = Manager	Josue Des	s. 2	2313	352	
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Use attachment if necessary)					
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