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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
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SECRETARY OF STATE BIVISION OF COMPORATION OF COMPORATION OF STATE OF STATE

a 06/03/15

EFFECTIVE DATE 06/01/15

COVER LETTER

10:	Division of Corporations	
	TransitionsByGrace	
SUBJE	CT:Nam	e of Limited Liability Company
The end	closed Articles of Organization and	ee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	Grace M. Totoro	
		Name of Person
	TransitionsByGrace	
	<u></u>	Firm/Company
	1024 Arezzo Circle	
		Address
	Boynton Beach, Fl 33436	
	GraceTotoro@TransitionsByGra	City/State and Zip Code ace.com
	E-mail address: (to	be used for future annual report notification)
For furth	er information concerning this matte	r, please call:
	Grace Totoro	561 35 1.9894
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amou	nt:
\$125.0	0 Filing Fee \$130.00 Filing F Certificate of St	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TransitionsByGrac	e, LLC.		
(Must en	d with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street	address of the principal of	fice of the Limite	d Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
1024 Arezzo Circle	e	102	24 Arezzo Circle
Boynton Beach, Fl	33436	Bo	ynton Beach, Fl 33436
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a The name and the Florida stree	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. n.)	ent's Signature: You must designate an individual o
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration	Registered Agent. n.) agent are:	
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. n.)	
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	Registered Agent. n.) agent are:	
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration et address of the registered Grace M Totoro	Registered Agent. n.) agent are: Name	You must designate an individual o
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration et address of the registered Grace M Totoro 1024 Arezzo Circle	Registered Agent. n.) agent are: Name	You must designate an individual o

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR & MGR	Grace M Totoro
	1024 Arezzo Circle
	Boynton Beach, FL 33436
(Use attachment if necessary)	June 1, 2015
CLE V: Effective date, if other than the date of a effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet	t the applicable statutory filing requirements, this date will not be l
CLE V: Effective date, if other than the date of a effective date is listed, the date must be specifice of filing.) If the date inserted in this block does not meet cument's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be l
CLE V: Effective date, if other than the date of the effective date is listed, the date must be specifite of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90 days t the applicable statutory filing requirements, this date will not be lestate's records.
CLE V: Effective date, if other than the date of a ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section constitutes an affirmation up I am aware that any false interesting the section of the section is a section of the section of	ic and cannot be more than five business days prior to or 90 day the applicable statutory filing requirements, this date will not be lestate's records.

ARTICLE IV-

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee