Electronic Articles of Organization
For
Florida Limited Liability Company

L15000205282
FILED 8:00 AM
December 09, 2015
Sec. Of State
tchang

Article I

The name of the Limited Liability Company is:

MORINE LEE ADULT FAMILY CARE HOME LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1804 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL. 32211

The mailing address of the Limited Liability Company is:

1804 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL. 32211

Article III

Other provisions, if any:

ADULT FAMILY CARE HOME

Article IV

The name and Florida street address of the registered agent is:

MORINE LEE
1804 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL. 32211

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.

Registered Agent Signature: MORINE LEE

Article V

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The name and address of person(s) authorized to manage LLC:

Title: MGR
MORINE LEE
1804 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL. 32211

Signature of member or an authorized representative

Electronic Signature: MORINE LEE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.