

Florida Department of State
Division of Corporations
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Email Address: mpirkowski@cfl.rr.com

FLORIDA LIMITED LIABILITY CO.
PirkCares, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
PIRK CARES, LLC**

The undersigned hereby submits these Articles of Organization (these "*Articles of Organization*") for purposes of forming PirkCares, LLC, a Florida limited liability company, under the Florida Revised Limited Liability Company Act, Chapter 605, *Florida Statutes*.

ARTICLE I - NAME:

The name of the limited liability company formed pursuant to the filing of these Articles of Organization is PirkCares, LLC, a Florida limited liability company (the "*Company*").

ARTICLE II - ADDRESS:

The mailing address of the Company is 2465 Alaqua Drive, Longwood, Florida 32779.

The street address of the principal office of the Company is 2465 Alaqua Drive, Longwood, Florida 32779.

ARTICLE III - INITIAL REGISTERED AGENT AND OFFICE:

The name and Florida street address of the initial registered agent of the Company is CT Corporation System, at 1200 South Pine Island Road, Plantation, FL 33324.

ARTICLE IV - DURATION:

The period of duration for the Company shall be perpetual.

ARTICLE V - MANAGEMENT:

The Company shall be managed by a manager elected from time to time by the member(s) of the Company or otherwise in accordance with a written operating agreement, if any (the "*Manager*").

The name and address of the individual who is to serve as the initial Manager is Michael Pirkowski at 2465 Alaqua Drive, Longwood, Florida 32779.

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The undersigned hereby submits these Articles of Organization for purposes of forming PirkCares, LLC,
a Florida limited liability company, under the Florida Revised Limited Liability Company Act, Chapter 605, Florida
Statutes.

DATED as of the 23rd day of February, 2016


Michael Pirkowski, Authorized Representative

Statement by Authorized Representative. 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 section 817.155, *Florida Statutes*.

[Certificate of Designation of Registered Agent/Registered Office follows.]

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


Pursuant to the provisions of Section 605.0113, *Florida Statutes*, PirkCares, LLC, a Florida limited liability company, submits the following statement in designating the registered office/registered agent in the State of Florida:

1. The name of the limited liability company is PirkCares, LLC.
2. The name and Florida street address of the initial registered agent of the Company is CT Corporation System, at 1200 South Pine Island Road, Plantation, FL 33324.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, the undersigned, by and through its duly elected officer, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the position as registered agent.

Dated this 23rd day of February, 2016.

CT Corporation System

By: 
Name: _____
Title: _____

Angel Nunez
Assistant Secretary

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TALLAHASSEE, FLORIDA

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