

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L16000067683
FILED 8:00 AM
April 05, 2016
Sec. Of State
tchang**

Article I

The name of the Limited Liability Company is:

HAND TO HAND RECOVERY LLC

Article II

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

10900 SHADY PINE WAY
SANDERSON, . 32087

The mailing address of the Limited Liability Company is:

10900 SHADY PINE WAY
SANDERSON, . 32087

Article III

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

JESSALYN L NIELSEN
10900 SHADY PINE WAY
SANDERSON, FL. 32087

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: JESSALYN NIELSEN

Article IV

The effective date for this Limited Liability Company shall be:

04/05/2016

Signature of member or an authorized representative

Electronic Signature: JESSALYN NIELSEN

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.