L17000/93949

| (Requestor's Name) | |
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| (Address) | |
| (Houress) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
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| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | |
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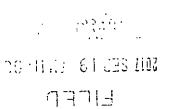
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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Hands That Care Services, LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Tanja Eibert Name of Person |
| Hands That Care Sources; LIC Firm/Company |
| 2001 Old St Augustine Pd Apt A101 |
| City/State and Zip Code + Clean Cl 23 Cym Cil. Com E-mail address: (to b) used for future annual report notification) |
| For further information concerning this matter, please call: |
| Onuc Gibara (850) 210-5965 Daytime Telephone Number |
| Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address Straut Address |

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
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: | |
|--|------------------------------|
| Hands Trad Car | e Sanices, LLC |
| (Must contain the words "Limited Liability Con | ipany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the L | imited Liability Company is: |
| Principal Office Address: | Mailing Address: |

| 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 individual or |
| another business entity with an active Florida registration.) |

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

ZOUL UIDST-AUGUSTINE Rd. Apt AID
Florido grand address (B.O. Box NOT acceptable)

unussee, pional 32

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)

2017 SEP 19 2011: 09

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | |
|--|--|-----|
| "MGR" = Manager | TUNICI SILDEA 2001-bild Statuchistine Roi. Aptaloi Tulkingser El. 3231 | ۱ د |
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| ELE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not returned's effective date on the Department of the ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean of this document is executed an aware that any false constitutes a third degree. | enfect the applicable statutory filing requirements, this date will not be of State's records. enher or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, enformation submitted in a document to the Department of State e felony as provided for in s.\$17.155, F.S. | |

ARTICLE IV-