

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

**L17000241699
FILED 8:00 AM
November 27, 2017
Sec. Of State
cmwood**

Article I

The name of the Limited Liability Company is:

GABRIEL'S HOUSE OF CARE FL LLC

Article II

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

212 SOUTH FIRST ST
IMMOKALEE, FL. 34142

The mailing address of the Limited Liability Company is:

212 SOUTH FIRST ST
IMMOKALEE, FL. 34142

Article III

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

TIMELINE BUSINESS CENTER LLC
8981 DANIELS CENTER DR
208
FORT MYERS, FL. 33912

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: ISMAEL CARDOSO

Article IV

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

Title: MGR
DIMITRI SCHWARZ
7380 TRAFFORD OAKS
IMMOKALEE, FL. 34142

Title: MGR
PATRICIA SCHWARZ
7380 TRAFFORD OAKS
IMMOKALEE, FL. 34142

Title: MGR
ANGEL CARRILLO
6833 GARLAND ST
FORT MYERS, FL. 33966

Title: MGR
CHRISTINA CARRILLO
6833 GARLAND ST
FORT MYERS, FL. 33966

Signature of member or an authorized representative

Electronic Signature: DIMITRI SCHWARZ

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.