

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

**L18000089654  
FILED 8:00 AM  
April 09, 2018  
Sec. Of State  
gmcleod**

**Article I**

The name of the Limited Liability Company is:  
OHANA HEALTH CARE SERVICES.LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
11820 HICKORYNUT DR  
TAMPA, FL. US 33625

The mailing address of the Limited Liability Company is:  
11820 HICKORYNUT DR  
TAMPA, FL. US 33625

**Article III**

Other provisions, if any:

THIS SERVICE IS FOR PEOPLE OF LIMITED OR DISABLED CONDITION  
AND WE HELP WITH PERSONAL CARE SUCH AS PERSONAL HYGIENE AND  
LIGHT CLEANING IN THEIR HOUSES AND HELP WITH MEDICAL  
APPOINTMENTS,COMPANION,RESPITE CARE,PERSONAL SUPPORT.AND  
OTHER HELP

**Article IV**

The name and Florida street address of the registered agent is:  
LOURDES I FARRULA  
11820 HICKORYNUT DR  
TAMPA, FL. 33625

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: LOURDES FARRULA

## **Article V**

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

Title: MGR  
LOURDES I FARRULA  
11820 HICKORYNUT DR  
TAMPA, FL. 33625 US

Title: AR  
JOSE MARIA FARRULA  
11820 HICKORYNUT DR  
TAMPA, FL. 33625 US

Title: AP  
JESSICA I DEL MORAL  
11820 HICKORYNUT DR  
TAMPA, FL. 33625 US

Title: AMBR  
LOURDES A DEL MORAL  
11820 HICKORYNUT DR  
TAMPA, FL. 33625 US

Title: AMBR  
GEORGE A DEL MORAL JR  
11820 HICKORYNUT DR  
TAMPA, FL. 33625 US

## **Article VI**

The effective date for this Limited Liability Company shall be:

04/09/2018

Signature of member or an authorized representative

Electronic Signature: LOURDES FARRULA

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.

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