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ARTICLE I - Name:	
The name of the Limited Liability Company is: (Must end with the words Timited Liability Company is: (Must end with the words Timited Liability Comp	oany,
Ahavah Foir care & Beavices, LLC.	٠.
ARTICLE II - Address:	,
The mailing address and street address of the principal office of the Limited Liab	ility
Company is: 1800 DW 16 97	
Miami F1 33125	
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: cross imiged to	ability
Company cannot serve as its own Registered Agent. You must designate an individual or another business with an active Florida registration.)	s m 2
Yael Garai HAYOL	AY OR
1800 WW 16 ST	-8 -
Hiami F1 33125	2: SE
ADTICUTE IN	2
ARTICLE IV- The name and title of each person authorized to manage and control the Limited	5 \$
Liability Company:	k
Yael Garai HASOL (AMBR)	

Required Signatures:

Signature of a member or an authorized representative of a member.

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 s.817.155, F.S.

Typed or printed name of signee

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 ray 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)