Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO. ALISE'S HELPING HANDS LLC

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MAY 11 2018

LegalZoom.com, Inc. From: Joseph Caterine

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: ALISE'S HELPING HANDS LLC Name of Lin	nited Liability Company	
	closed Articles of Organization and fee(s) a	•	
Please	return all correspondence concerning this m	atter to the following:	
	Cheyenne Moseley	Name of Person	······································
	LegalZoom.com, Inc.	Firm/Company	
	101 N, Brand Blvd, 10th Street	Address	
	Glendale, CA 91203	City/State and Zip Code	
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For fur	ther information concerning this matter, plea	ase call:	·
Cheve	enne Moseley at (at (at (323 <u>962-8600 ext 762</u> Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount: 00 Filing Fee Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Pt. 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
ALISE'S HELPING HANDS LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
10 White Feather Ln. Palm Coast, FL 32164	10 White Feather Ln. Palm Coast, FL 32164	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered	Registered Agent. You must designate an individual or	
United States Corporation Age		-
Officed States Corporation 756	으로 %	
13302 Winding Oak Court, Su Florida street address (P.O. Box		
<u>Tampa</u>	FL 33612	
City	Zip	
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli-	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S	
Registered Agent's Signat	ture (REOUIRED)	
· ·	seley, United States Corporation Agents, Inc.	
(CONTINUI	ED)	

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*AMBR" = Authorized Member "MGR" = Maunger AMBR WILLISE RICHE 10 White Feather Ln. Palm Coast, FL 32164	
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fective date is listed, the date must be specific and cannot be more than five business days prior of filing.) LE VI: Other provisions, if any.	10 UI 7 0 (
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REQUIRED SIGNATURE:	
DECILIPED CLOV (MIN)	144
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 docu constitutes an affirmation under the penalties of perjury that the facts stated herein are tri 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.\$17.155, F.S.)	144
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