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FLORIDA LIMITED LIABILITY CO.
CONRADO ADULT DAY CARE LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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November 15, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: CONRADO ADULT DAY CARE LLC
REF: W18000099654

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Terri J Schroeder
Regulatory Specialist III
New Filings

FAX Aud. #: H18000324001
Letter Number: 818A00023527

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONRADO ADULT DAY CARE LLC

ARTICLE II - Address:

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

17171 SW 266 TERR
HOMESTEAD, FL 33031

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CARLOS CONRADO
17171 SW 266 TERR
HOMESTEAD, FL 33031

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.

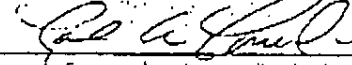
X 

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

X 

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

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARLOS CONRADO

Typed or printed name of signee.

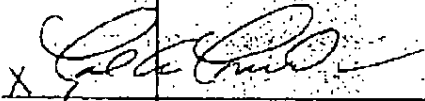
ARTICLE V - Member(s) & Managing Member(s)

The name(s) and address(s) of the initial member(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
CARLOS CONTRADO	17171 SW 266 TERR HOMESTEAD, FL 33031	MANAGING MEMBER

IN WITNESS WHEREOF, the undersigned member(s) has/have made and
subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987
N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this

16th day of November, 2018

X 
CARLOS CONTRADO

THIRD PARTY DESIGNATION

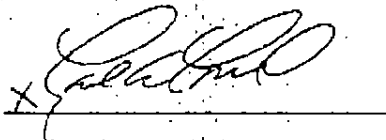
I, CARLOS CONTRADO, Social Security Number

 do hereby authorize LESTER BARRERAS of Lester Barreras,

C.P.A., P.A. to apply for and receive an Employer Identification Number on behalf of my

company, CONRADO ADULT DAY CARE, LLC.

Authorization is also given to answer any questions about the completion of Form SS-4.



CARLOS CONTRADO - MANAGING MEMBER