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FLORIDA LIMITED LIABILITY CO.
CONRADO ADULT DAY CARE LLC

Certificate of Status	0
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November 15, 2018

FASTKIT CORP

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SUBJECT: CONRADO ADULT DAY CARE LLC
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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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 provider 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:

NAME	ADDRESS	TITLE
CARLOS CONRADO	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 CONRADO

THIRD PARTY DESIGNATION

I, CARLOS CONRADO, 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.

X _____

CARLOS CONRADO – MANAGING MEMBER