L190000 17777

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VERTASSEE, PLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:				
 .	Home Care ain the words "Limited Li	LLC ability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Limited	Liability Company i	s:	
Principal Office Address:			Mailing Address:		
214 415t Str Bridenton,	eet N.E. FL 34208	215 B=	141st Street catenton, FL	N.E.	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own F	Registered Agent.	nt's Signature:		
The name and the Florida street	address of the registered :	igent are:			
	Surah Yerg	Name			
	214 41 Street			_	
	Florida street address	(1.0. box <u>1101</u>)	311200	and thought of	
	Bradeston City	State	Zip		
Flaving been named as registered olace designated in this certificate further agree to comply with the parm familiar with and accept the o	, I hereby accept the appor rovisions of all statutes rel	intment as register uting to the prope s registered agent	red agent and agrec t r and complete perfo as provided for in Ci	o act in this capacity. I rmance of my duties, and .	
LED 5 AM 8: 03 8: Cot 3: Cot 3	Э¢	(CONTINUED)			

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR___ Bridenton FL 34/200 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Please See attachment on the final page. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Sarah Verga Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional:

ARTICLE IV-

RE: Article VI: Other Provisions, if any.

The purpose of this LLC is to provide non-medical in-home care for a Client in need. The services provided will be, cleaning the house, doing laundry, caring for any animals within the home and cooking meals. It will also serve to provide the serve to any inom doctor's appointments, the pharmacy and any other shopping that is needed. The clients served will be able to take their medications without assistance, however I will be there as a safe guard to make sure the meds are indeed taken and in a timely manner.