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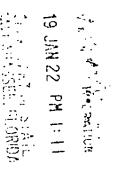
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January 10, 2019

BRIDGETTE MONTFORD 1253 MITCHELL STREET LAKELAND, FL 33801

SUBJECT: JOURNEY HOMECARE SERVICES LLC

Ref. Number: W19000002849

We have received your document for JOURNEY HOMECARE SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 719A00000730

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	

Journey Howe care Services LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

nidgette Montford Name

1253 Mtchell St Florida street address (P.O. Box NOT acceptable)

Lakeland Fl
City State

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..

Poridrette Montford
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Men "MGR" = Manager AMBR	Courtur	Montford takey st		
(Use attachment if necessary				
effective date is listed, the date	an the date of filing:	. (OPTI) an five business days p	orior to or 90	) days aft
effective date is listed, the date ite of filing.)	must be specific and cannot be more that does not meet the applicable statutory frepartment of State's records.	an five business days p	prior to or 90	•
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effective date is listed, the date ite of filing.)  If the date inserted in this bloc ocument's effective date on the line.  CLE VI: Other provisions, if any  REQUIRED SIGNATURE  Signat  This document is an aware to the signature.	does not meet the applicable statutory to repartment of State's records.  A life Months A life of a member or an authorized reprint is executed in accordance with section at any false information submitted in a do	esentative of a member of a second to the description of the Department to the Department 17.155, F.S.	cr.	•