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Division of Corporations

Fax Number : (859)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO.

SAIA HOME CARE SERVICES Certificate of Status Certified Copy 0 Page Count 0.3 Estimated Charge \$130.00

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ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY OF SALA HOME CARE SERVICES, LLC.

ARTICLE I - Name

The name of the Limited Liability Company is:

SAIA HOME CARE SERVICES, LLC.

ARTICLE II - Address

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

3945 SW 89TH AVE APT 102 MIAMI, FL 33165

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

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

SARAI LEYVA RAMOS 3945 SW 89TH AVE APT 102 MIAMI, FL 33165

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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

(x) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

SARAI LEYVA RAMOS 3945 SW 89TH AVE APT 102 MIAMI, FL 33165

Sarai Leyva Ramos

JAH 22 AH 4

(In accordance with section 605.020(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this January 17, 2019 or Mighi, FL US.

Sarai Leyna Rappos

STATE OF FLORIDA COUNTY OF DADE

3052201440

Sworn and subscribed before me, this <u>17th</u> of <u>January</u> of <u>2019</u> at Miami, FI by Mrs. Sarai Leyva Ramos, who presented their FL Driver License No. L165-780-76-683-0 as identification.

Istate of Florida

My Commission Expires:

