

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000039925
FILED 8:00 AM
February 08, 2019
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:
ONE TOUCH PRIVATE RECOVERY CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4429 NW 184 TERRACE
MIAMI GARDENS, FL. US 33055

The mailing address of the Limited Liability Company is:
4429 NW 184 TERRACE
MIAMI GARDENS, FL. US 33055

Article III

The name and Florida street address of the registered agent is:
CHINNA D ABEL
4429 NW 184 TERRACE
MIAMI GARDENS, FL. 33055

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.

Registered Agent Signature: CHINNA D. ABEL

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
CHINNA D ABEL
4429 NW 184 TERRACE
MIAMI GARDENS, FL. 33055 US

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Signature of member or an authorized representative

Electronic Signature: CHINNA D. ABEL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.