

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

L19000081750
FILED 8:00 AM
March 25, 2019
Sec. Of State
kbrumbley

Article I

The name of the Limited Liability Company is:

CARE BY DANIELLE LLC

Article II

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

1015 NW 21ST AVE
APT 540
GAINESVILLE, FL. US 32609

The mailing address of the Limited Liability Company is:

1015 NW 21ST AVE
APT 540
GAINESVILLE, FL. US 32609

Article III

Other provisions, if any:

CARE BY DANIELLE OFFERS PROFESSIONAL IN-HOME CARE BY A
LICENSED CNA.

Article IV

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

DANIELLE A BROWNING
1015 NW 21ST AVE
APT 540
GAINESVILLE, FL. 32609

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: DANIELLE BROWNING

Article V

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

Title: MGR
DANIELLE A BROWNING
1015 NW 21ST AVE APT 540
GAINESVILLE, FL. 32609 US

Title: AP
MICHAEL L MORIN
4429 SW 20TH LANE
GAINESVILLE, FL. 32607 US

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Signature of member or an authorized representative

Electronic Signature: DANIELLE BROWNING

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.