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Nick Gorolla PLL
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(Address)
TAMA-CI 33607 (City/State/Zip/Phone #)
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	10	L.F.	1 -	No	me:

The name of the Limited Liability Company is:

EL SHADDAI COMMUNITY RESIDENTIAL HOME, LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3113 N. POWERS DR.	3113 N. POWERS DR. >
ORLANDO FL 32818	ORLANDO FL 32818

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:

THE LAW OFFIC	<u>ES OF NICK SPRADLI</u>	N, PLLC
	Name	
2202 N. WEST SH	ORE BLVD. #200	
Florida street addre	ess (P.O. Box <u>NOT</u> acce	ptable)
TAMPA	FLORIDA	33607
City	State	Zip

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..

(CONTINUED)

stered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

<u>Title:</u>	Name and Address:
	thorized Member
"MGR" = Man	ager
AMBR	PAUL CESAR
	3113 N. POWERS DR.
	ORLANDO FL 32818
	
	
(Use attachmer	it if necessary)
ARTICLE V: Effective If an effective date is li	date, if other than the date of filing:
he date of filing.)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective	e date on the Department of State's records.
ARTICLE VI: Other pro	
ANY AND ALL LAWE	UL BUISNESS PURPOSE
= -	
REOUIRED S	IGNATURE:
	10
•	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 halse information submitted in a document to the Department of State
	constitutes a third degree felony as provided for in s.817.155, F.S.
	ARCHAILAG LANDA DA DA COMPUNICADA DE
	NICKOLAŞ J. SPRADLIN ESQ. AUTHORIZED REP.
	Typed or printed name of signee

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