

L 20000121454  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6321

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (800) 221-2972  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
 GUEST CARE SOLUTIONS LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

2020 MAY - 7 PM 2:17  
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May 5, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLUMBERG

SUBJECT: GUEST CARE SOLUTIONS LLC  
REF: W20000044287

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

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Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: E20000131226  
Letter Number: 220A00009230

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GUEST CARE SOLUTIONS LLC

(Must end with 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:

5399 W. Irló Bronson Memorial Highway  
Kissimmee FL 34746

471 North Broadway  
Jencho NY 11753

**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.)

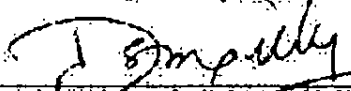
The name and the Florida street address of the registered agent are:

Deepinder Wille Singh  
Name

5399 W. Irló Bronson Memorial Highway  
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee                      FL                      34746  
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 603, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 MAY - 1 11:11 AM  
FALL HARBOR  
FILLER

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Steven Blinder

126 Foxwood Drive

Jericho NY 11753

AMBR

Deepinder Willie Singh

13777 Sachs Avenue

Orlando FL 32827

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any:

**REQUIRED SIGNATURE:**



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 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.

Deepinder Willie Singh

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)