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Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:

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SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
DEPENDABLE HOME CARE HHA, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATIONSECRETARY OF STATE
TALLAHASSEE, FL**OF****DEPENDABLE HOME CARE HHA, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I – NAME

The name of the limited liability company shall be:

DEPENDABLE HOME CARE HHA, L.L.C.

ARTICLE II – ADDRESS

The principal place of business and mailing address of the Company in Florida shall be:

15200 Jog Road, #205
Delray Beach, FL 33446

ARTICLE III – PURPOSES AND POWERS

To transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE IV – REGISTERED AGENT

The name and address of the registered agent is:

Wil Martinez
15200 Jog Road, #205
Delray Beach, FL 33446

ARTICLE V – MANAGEMENT

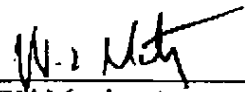
The managers of the company shall be:

Wil Martinez - Manager

ARTICLE VI – ADMISSION OF NEW MEMBERS

No additional member(s) shall be admitted to the Company except with the unanimous written consent of all the member(s) of the Company and upon such terms and conditions as shall be determined by all the member(s). A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other member(s) of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 1st day of October, 2020.



Wil Martinez
Manager

SECRETARY OF STATE
TALLAHASSEE, FL

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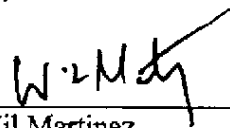
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**CERTIFICATE OF DESIGNATION AND WRITTEN ACCEPTANCE
REGISTERED AGENT/REGISTERED OFFICE**

The name and address of the Registered Agent and office is:

Wil Martinez
15200 Jog Road, #205
Delray Beach, FL 33446

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.



Wil Martinez
Registered Agent