Electronic Articles of Organization For Florida Limited Liability Company

L20000306303 FILED 8:00 AM September 29, 2020 Sec. Of State jsdennis

Article I

The name of the Limited Liability Company is: HOME HEALTH BRIDGE CARE, LLC

Article II

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

5002 DORY DRIVE NEW PORT RICHEY, FL. UN 34652

The mailing address of the Limited Liability Company is:

5002 DORY DRIVE NEW PORT RICHEY, FL. UN 34652

Article III

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

SHEREE LEPPINEN 5002 DORY DRIVE NEW PORT RICHEY, FL. 34652

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: SHEREE LEPPINEN

Article IV

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

Title: AMBR SHEREE LEPPINEN 5002 DORY DR NEW PORT RICHEY, FL. 34652

Title: AMBR MARIA LAFALCE 2844 GIRVAN DRIVE LAND O LAKES, FL. 34638

Title: MGR SHEREE LEPPINEN 5002 DORY DRIVE NEW PORT RICHEY, FL. 34652

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Article V

The effective date for this Limited Liability Company shall be:

09/28/2020

Signature of member or an authorized representative

Electronic Signature: SHEREE LEPPINEN

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.