

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

L20000316902
FILED 8:00 AM
October 05, 2020
Sec. Of State
tcline

Article I

The name of the Limited Liability Company is:

BEST LIFE HOME CARE LLC

Article II

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

690 MAIN STREET

#801

SAFETLY HARBOR, . 34695

The mailing address of the Limited Liability Company is:

690 MAIN STREET

#801

SAFETLY HARBOR, . 34695

Article III

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

CORTNEY ROBINSON

690 MAIN STREET

#801

SAFETY HABOR, FL. 34695

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: CORTNEY ROBINSONN

Article IV

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

Title: MGR
OMAR HILL
690 MAIN STREET #801
SAFETY HARBOR, FL. 34695

L20000316902
FILED 8:00 AM
October 05, 2020
Sec. Of State
tcline

Signature of member or an authorized representative

Electronic Signature: CORTNEY ROBINSON

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.

LA 0000316902

Document Number W20000118759

Entity Name: Best Life Home Care LLC

Tracking Number 900353198639

Pin Number: 8639

Letter Number for reference: 201014202306-900353198639

Hi, I am the owner operator Best Life Home Care Inc. Entity was administratively dissolved on 9/25/20 Document number N19000009642

I have no intention on reinstating the company, therefore releasing the name for use to another company.

Cortney Robinson

C Robinson

10/15/20

State of Florida

County of Pinellas

Subscribed and sworn to or affirmed

Before me this 10/15/2020 by Cortney Robinson

who is personally known to me or

has/have produced DL as identification

Pedro Colon

Notary Signature

