

L21000178730

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 120050000032
Phone : (561)792-2236
Fax Number : (561)202-3082

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.
A LOVING HAND HOMEMAKER AND COMPANION SERVICE
LLC**

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY****ARTICLE I: NAME**

The name of the Limited Liability Company is:

A LOVING HAND HOMEMAKER AND COMPANION SERVICE LLC**ARTICLE II: Address**

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

**1149 E 26TH ST
JACKSONVILLE, FLORIDA 32206****ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

**DEIDRA SMALL
1149 E 26TH ST
JACKSONVILLE, FLORIDA 32206**

Having been named as registered agent 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.

**DEIDRA SMALL / Registered Agent's Signature**

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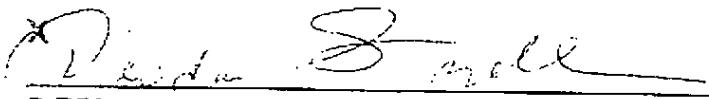
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PAGE 2 **A LOVING HAND HOMEMAKER AND COMPANION SERVICE LLC**

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

**AMBR:
DEIDRA SMALL
1149 E 26TH ST
JACKSONVILLE, FLORIDA 32206**


DEIDRA SMALL

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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