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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address:			
		 	 _	

FLORIDA LIMITED LIABILITY CO. DAY SERVICES LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lin	: nited Liability Company is:
	Day Services LLC
ARTICLE II - Address The mailing address Company is:	and street address of the principal office of the Limited Liability
3297	7 Sw 50 Ln
- Javie	FL 33314
	orida street address of the registered agent are: (The Limited Liability of Registered Agent. You must designate an individual or another business entity Wis Belen Renate 3297 Sw 50 Ly
	Davie PL 33314 3
ARTICLE IV The name and title of Liability Company: (I	feach person authorized to manage and control the Limited MGR or AMBR) Pris Belen Penale (AMBR) Dayri Belen Mora Penale (AMBR)

Lin H

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 berein 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.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)