

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

**L21000259241
FILED 8:00 AM
May 19, 2021
Sec. Of State
jgharris**

Article I

The name of the Limited Liability Company is:

ADVANCE YOUR CARE LLC

Article II

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

401 N ROSEMARY AVE
WEST PALM BEACH, FL. 33401

The mailing address of the Limited Liability Company is:

PO BOX 17603
WEST PALM BEACH, FL. 33416

Article III

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

CHANELL L MCDONALD
401 N ROSEMARY AVE
WEST PALM BEACH, FL. 33401

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: CHANELL MCDONALD

Article IV

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

Title: MGR
CHANELL MCDONALD
401 N ROSEMARY AVE
WEST PALM BEACH, FL. 33401

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Signature of member or an authorized representative

Electronic Signature: CHANELL MCDONALD

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.

T#900366676339

L21000259241

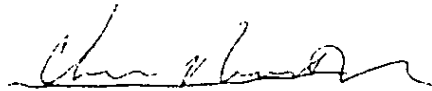
May 24, 2021

To Whom this may concern:

I am releasing the name Advance Your Care LLC and would like to use it again and I will not be reinstating the company name.

Thanks,

Chanell McDonald

x 

၂၀၁၆ ခုနှစ် ဇူလိုင်လ ၁ ရက်နေ့မှ ၂၀၁၆ ခုနှစ် ဇူလိုင်လ ၁ ရက်နေ့အထိ အချက်အလက်များ

County of

State of Florida
County of Palm Beach

☒ Physical Presence,

- OR -

This 21st day of May 2022 by

Date Month Year

Date _____ Month _____ Year _____
 Name of Person Acknowledging Chanelle V. Donald

Name of Person Acknowledging

Debra Beebe
Signature of Notary Public — State of Florida

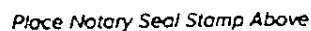
Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

☒ Produced Identification

Type of Identification Produced:

1. closed



OPTIONAL

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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M1304-11 (11/20)