

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

**L21000303084
FILED 8:00 AM
July 01, 2021
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:
MAXIMUM AND COMFORTABLE CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4237 SHAD DR
SEBRING, FL. UN 33870

The mailing address of the Limited Liability Company is:
4237 SHAD DR
SEBRING, FL. UN 33870

Article III

Other provisions, if any:
COMMUNITY ASSISTED LIVINGGROUP HOMEHEALTH CARE
TRAINING ASSISTANCE

Article IV

The name and Florida street address of the registered agent is:
JORDANY PIERRE
4237 SHAD DR
SEBRING, FL. 33870

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: JORDANY PIERRE

Article V

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

Title: MGR
JORDANY PIERRE
4237 SHAD DR
SEBRING, FL. 33870 UN

Title: MGR
HEOMA HECTOR
5006 MACKEREL DRIVE
SEBRING, FL. 33870 UN

Article VI

The effective date for this Limited Liability Company shall be:

07/01/2021

Signature of member or an authorized representative

Electronic Signature: JORDANY PIERRE

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.