

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

**L21000356451
FILED 8:00 AM
August 09, 2021
Sec. Of State
jcmler**

Article I

The name of the Limited Liability Company is:

SAFE SHORES RECOVERY LLC

Article II

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

10 HARBOUR ISLES DR.
PH 3
FORT PIERCE, FL. UN 34949

The mailing address of the Limited Liability Company is:

10 HARBOUR ISLES DR.
PH 3
FORT PIERCE, FL. UN 34949

Article III

Other provisions, if any:

OUR PURPOSE IS TO PROVIDE A SAFE, AND STRUCTURED LIVING
ENVIRONMENT FOR RECOVERING ADULTS.

Article IV

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

RYAN H GROSE
10 HARBOUR ISLES DR.
PH 3
FORT PIERCE, FL. 34949

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: RYAN GROSE

Article V

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

Title: MGR
RYAN H GROSE
10 HARBOUR ISLES DR., PH 3
FORT PIERCE, FL. 34949 UN

Title: MGR
BENJAMIN GEIGUS
274 SW ESSEX DR.
PORT ST. LUCIE, FL. 34984

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Signature of member or an authorized representative

Electronic Signature: RYAN GROSE

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.