

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

L21000386462
FILED 8:00 AM
August 30, 2021
Sec. Of State
sbutler

Article I

The name of the Limited Liability Company is:

EXTENDED FAMILY LLC

Article II

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

7009 GRAND ELM DRIVE
RIVERVIEW, FL. US 33578

The mailing address of the Limited Liability Company is:

7009 GRAND ELM DRIVE
RIVERVIEW, FL. UN 33578

Article III

Other provisions, if any:

MEDICARE PLANS, HEALTH INSURANCE, LIFE INSURANCE, DENTAL &
VISION PLANS, RETIREMENT PLANNING.

Article IV

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

JEANNETTE FLORES
7009 GRAND ELM DRIVE
RIVERVIEW, FL. 33578

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: JEANNETTE FLORES

Article V

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

Title: MGR
JEANNETTE FLORES
7009 GRAND ELM DRIVE
RIVERVIEW, FL. 33578 UN

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Article VI

The effective date for this Limited Liability Company shall be:

09/01/2021

Signature of member or an authorized representative

Electronic Signature: JEANNETTE FLORES

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.