Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO. ILS HHA of Region 1, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

ARTICLES OF ORGANIZATION OF ILS HHA OF REGION 1, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is ILS HHA OF REGION 1, LLC

ARTICLE II: - Address

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

4601 NW 77th Ave Miami, Florida 33166

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

Corporate Creations Network Inc. 801 US HWY 1 North Palm Beach, Florida 33408

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.

CORPORATE CREATIONS NETWORK INC., as Registered Agent

| /s/ Sean Arno | |
|-------------------------|--|
| Name: Sean Arno | |
| Title Special Secretary | |

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

| Title: | Name and Address: |
|--------|------------------------------|
| MGR | NESTOR J. PLANA |
| | 4601 NW 77 TH AVE |
| | MIAMI, FL 33166 |
| CFO | LEO T. THOMAS, III |
| | 4601 NW 77 TH AVE |
| | MIAMI, FL 33166 |
| COO | MAUREEN LILLIS |
| | 4601 NW 77TH AVE |
| | MIAMI, FL 33 166 |
| SEC | STUART F. WILLIAMS |
| | 4601 NW 77 TH AVE |
| | MIAMI, FL 33166 |
| | |

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on September 14, 2021.

| /s/ Daniel Andres Silva | |
|--|--|
| Daniel Andres Silva, 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 herein 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 Section 817.155, Florida Statutes.)

Daniel Andres Silva
Typed or printed name of signee