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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : HUBCO
Account Number : 104662003400
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PLANTATION OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

DNICEDEVAUGHN@GMAIL.COM
Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CHANGING LIVES DAY AND NIGHT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS
BUSINESS SERVICES

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHANGING LIVES DAY AND NIGHT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

820 WITT LANE
CANTONMENT, FL 32533

820 WITT LANE
CANTONMENT, FL 32533

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CADERIUS JAVONTAE DEVAUGHN

Name

820 WITT LANE

Florida street address (P.O. Box **NOT** acceptable)

CANTONMENT

FL 32533

City

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

Caderius devaughn

Registered Agent's Signature (REQUIRED)

CADERIUS JAVONTAE DEVAUGHN

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CADERIUS JAVONTAE DEVAUGHN

820 WITT LANE

CANTONMENT, FL 32533

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Caderius devaughn

Signature of a member or an 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 s.817.155, F.S.)

CADERIUS JAVONTAE DEVAUGHN

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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