

L 22 000 225 238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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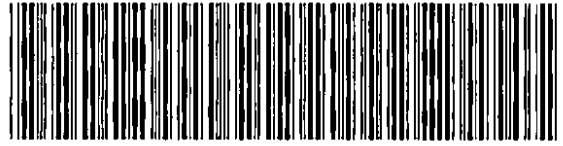
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/24/2022

Name: Jennifer Bialowas

Reference #: 1691871

Entity Name: SUNREEF HOME CARE, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

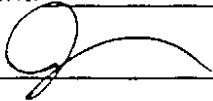
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Upon filing please provide a certified copy

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TALLAHASSEE, FL 32301

Authorized Amount: 155.00

Signature: 

**ARTICLES OF ORGANIZATION  
OF  
SUNREEF HOME CARE, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **SUNREEF HOME CARE, LLC**

**ARTICLE II: - Address**

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

**c/o Independent Living Systems, LLC  
4601 NW 77 Avenue  
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:

**Stuart Williams, Esq.  
4601 NW 77 Avenue  
Miami, Florida 33166**

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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.*

DocuSigned by:

*Stuart Williams*

769043024720488

Stuart Williams, as Registered Agent

**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

Independent Living Systems, LLC  
4601 NW 77 Avenue  
Miami, Florida 33166

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on May 23, 2022.

DocuSigned by:

*Edward Ristaino*

Edward L. Ristaino, 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.)

Edward L. Ristaino

Typed or printed name of signee

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