

C220002015503

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****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. GATOR AIDE HOME CARE LLC

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|-----------------------|----------|
| Certificate of Status | 1 |
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TALLAHASSEE, FLORIDA

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OK

Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is: **GATOR AIDE HOME CARE LLC**

ARTICLE II ADDRESS

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

Principal Office Address: **113 W CHIPOLA AVE, DELAND, FL 32720**

Mailing Address: **113 W CHIPOLA AVE, DELAND, FL 32720**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

ANATOLIY NASIMOV, 113 W CHIPOLA AVE, DELAND, FL 32720

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..

/s/ ANATOLIY NASIMOV

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

ANATOLIY NASIMOV, Authorized Member, 113 W CHIPOLA AVE, DELAND, FL 32720

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

/s/ ANATOLIY NASIMOV

Authorized Member

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