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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP -7 PM 3:34  
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ALL CHARGES PAID

Nara Gray  
Gray Family Care, LLC  
10516 Crestview Heights Ave.  
Thonotosassa, FL 33592

September 1, 2022

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Gray Family Care, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

A handwritten signature in black ink, appearing to read "Nara Gray", written in a cursive style.

Nara Gray  
Gray Family Care, LLC

Enclosures

check stapled here

**ARTICLES OF ORGANIZATION**

of

**GRAY FAMILY CARE, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Gray Family Care, LLC.

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in real estate sales by those licensed to sell real estate in the State of Florida.

**ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

10516 Crestview Heights Ave.  
Thonotosassa, FL 33592

The organization's mailing address shall be as follows:

10516 Crestview Heights Ave.  
Thonotosassa, FL 33592

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**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S  
SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Nara Gray  
10516 Crestview Heights Ave.  
Thonotosassa, FL 33592

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.

  
Nara Gray -Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Nara Gray  
10516 Crestview Heights Ave.  
Thonotosassa, FL 33592

Alicia Ann Haynes  
1914 Heartland Circle  
Valrico, FL 33594

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## ARTICLE VII - SIGNER

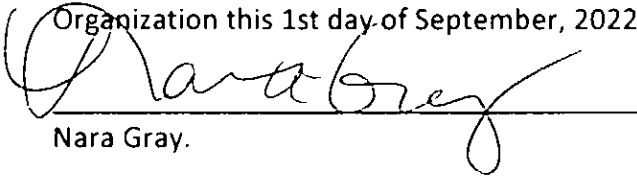
The name and address of the person signing these Articles of Organization is as follows:

Nara Gray  
10516 Crestview Heights Ave.  
Thonotosassa, FL 33592

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.


IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 1st day of September, 2022

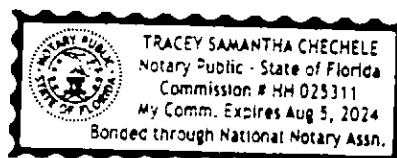
  
Nara Gray.

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Nara Gray, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL Dr. License as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1st day of September, 2022

  
Notary Public, State of Florida at Large  
My Commission Expires:



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