

**C22000457958**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
FANTASTIC ADULT DAYCARE LLC**

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

2022 OCT 25 PM 3:23

22 OCT 25 PM 12:35

**Florida Department of State**  
**Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

FANTASTIC ADULT DAYCARE INC

of Document # P22000021026

are the same owners of the attached articles.

Thank you for your help in this matter.

Thanks,

YOAMA MORALES  
— President —

22 OCT 25 PM 12:35

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fantastic Adult Day care LLC

**ARTICLE II - Address:**

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

6878 Coral Way

Miami FL 33155

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Joanna Tayari Morales

2705 SW 115 Ave

Miami FL 33165

**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Joanna Tayari Morales (AMBR)

2705 SW 115 Ave

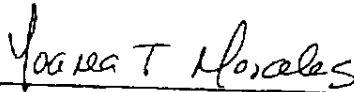
Miami FL 33165

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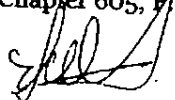
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**Required Signatures:****Signature of a member or an authorized representative of a member.**

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.

**Typed or printed name of signee**

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..

**Registered Agent's Signature (REQUIRED)**22 OCT 25 PM 12:35  
RECEIVED  
FLORIDA DEPARTMENT OF STATE