Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

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FLORIDA LIMITED LIABILITY CO. MORALESCARE. LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DELOI DE
ARTICLE I - Name:
The name of the Limited Liability Company is:
oompary is:
- Morales Care. LLC
ADTIONE
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Company is:
11929 SW 244 LN Princelon FC 33032
11-0 [PINOCION PL 33032
A DITICULE YOU
ARTICLE III - Registered Agent, Registered Office:
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
with an active Florida registration.)
A · · · ·
- Amarilys Morales
11929 SW 244 LN PrinceTon Fl 33032
THE BUYYEN Princelon FC 33032
A DOUGH IN THE
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMRR)
Liability Company: (MGR or AMBR)
Amailys forales (AMBR)
Totals (1110C)
35 S

Required Signatures:

3052201440

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.3.

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 herely 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)