Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : CHISHOLM LAW FIRM, PLLC

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Email Address:_____

FLORIDA LIMITED LIABILITY CO.

ProviDor Assisted Living Facility, PLLC

Certificate of Status	0
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Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF Providor Assisted Living Facility, PLLC a florida professional limited liability company

In Compliance with Chapter 608, Florida Statutes

ARTICLE I - NAME

The name of the professional funited liability company shall be:

ProviDor Assisted Living Facility, PLEC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this professional finited liability company shall be:

15840 Bunche Park School Dr Miami Gardens, FL 33054

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

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

Fabiola Doleine 15840 Bunche Park School Dr Miami Gardens, FL 33054

Having been named as registered agent and to accept service of process for the above stated professional 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 spatiates 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

Fabiola Dolcine
Date | Date |

Page 1 of 2

ARTICLE IV - MEMBERS

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

Fabiola Doleine 15840 Bunche Park School Dr Miami Gardens, Fl. 33054

ARTICLE V - PURPOSE

The purpose of this professional limited liability company shall be:

To provide assisted living facilities for those in need of medical and personal care.

ARTICLE VI ~ INDEMNIFICATION AND LIMITATION OF LIABILITY

COMPANY SHALL DEFEND, INDEMNIFY & HOLD HARMLESS ALL MEMBERS AGAINST EXPENSES INCURRED FROM ANY CLAIMS, CAUSES OF ACTION, DEMANDS, DAMAGES & LIABILITIES OF COMPANY UNLESS DUE TO MEMBER FRAUD, MISCONDUCT, NEGLIGENCE OR WRONGFUL TAKING.

CERTIFICATION

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. I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated berein are true.

I acknowledge that I have read the "Notice of Annual Report" statement and understand the requirement of file an annual report between January 1st and May 1st in the calendar year following formation of finis PLA & and every year thereafter to maintain "active" status.

Fabiola Dolcine /

Member

Days

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Page 2 of 2