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Division of Corporations

L23000151578

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
HELPING HANDS OF SOUTH FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HELPING HANDS OF SOUTH FLORIDA LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:130 SW 32 AVE130 SW 32 AVEMIAMI, FL 33135MIAMI, FL 33135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

NILIAN BARRERA

Name


130 SW 32 AVEFlorida street address (P.O. Box **NOT** acceptable)MIAMI,FL33135

City

State

Zip

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)

(CONTINUED)

ARTICLE IV:

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

Title:**Name and Address:**

"AMBR" - Authorized Member

"MGR" - Manager

AMBR _____NILIAN BARRERA _____130 SW 32 AVE _____MIAMI, FL 33135 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any._____

_____**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

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.NILIAN BARRERA _____

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)


\$ 5.00 Certificate of Status (Optional)

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, Nilian Barrera, who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the President of Helping Hands of South Florida LLC, a Florida corporation, filed with the Florida Department of State on Jan 06, 2020.
2. The undersigned hereby consents to and authorizes the use of the name Helping Hands of South Florida LLC.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

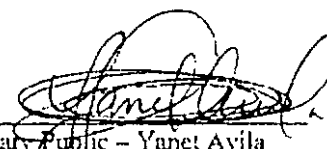
FURTHER AFFIANT SAYETH NAUGHT.


 Nilian Barrera

STATE OF FLORIDA)
) SS:
 COUNTY OF MIAMI-DADE)

PERSONALLY, appeared before me, Ignacio Guerrero who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this ____ day of March, 2023.


 Notary Public - Yanet Avila

Seal:

