

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000173373
FILED 8:00 AM
April 07, 2023
Sec. Of State
vherring**

Article I

The name of the Limited Liability Company is:
INDEPENDENT FAMILY HOME CARE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
893 CITRUS RESERVE BLVD
DAVENPORT, FL. US 33837

The mailing address of the Limited Liability Company is:
PO BOX 808
DAVENPORT, FL. US 33837

Article III

Other provisions, if any:
RESIDENTIAL HOME TO PROVIDE PERSONAL CARE SERVICES TO
INDIVIDUALS REQUIRING ASSISTANCE

Article IV

The name and Florida street address of the registered agent is:
JOLENE BARRAIS
893 CITRUS RESERVE BLVD
DAVENPORT, FL. 33837

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.

Registered Agent Signature: JOLENE LEVEILLE BARRAIS

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
JOLENE BARRAIS
PO BOX 808
DAVENPORT, FL. 33837 US

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Signature of member or an authorized representative

Electronic Signature: JOLENE LEVEILLE BARRAIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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 understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.