Electronic Articles of Organization For Florida Limited Liability Company

L23000408460 FILED 8:00 AM August 30, 2023 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: ALPERISE HOMECARE SERVICES LLC

Article II

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

818 ORANGE AVE FORT PIERCE, FL. US 34950

The mailing address of the Limited Liability Company is:

432 NW CORNELL AVE PORT ST LUCIE, FL. US 34983

Article III

Other provisions, if any:

THE PURPOSE OF THIS BUSINESS IS TO MAINTAIN AND OPERATE A HEALTHCARE FACILITY OR AGENCY AND ANY OTHER LAWFUL BUSINESS

Article IV

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

JEANNIE JOSEPH 432 NW CORNELL AVE PORT ST LUCIE, FL. 34983

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: JEANNIE JOSEPH

Article V

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

Title: AMBR JEANNIE JOSEPH 432 NW CORNELL AVE PORT ST LUCIE, FL. 34983 US

Title: MGR ELTON ALPERIS 432 NW CORNELL AVE PORT ST LUCIE, FL. 34983 US

Signature of member or an authorized representative

Electronic Signature: JEANNIE JOSEPH

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.

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