

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

L23000421126  
FILED 8:00 AM  
September 11, 2023  
Sec. Of State  
jsdennis

**Article I**

The name of the Limited Liability Company is:  
BEST CARE INSURANCES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1215 SW 4TH ST  
FORT LAUDERDALE, FL. 33312

The mailing address of the Limited Liability Company is:  
5 LAWRENCE ST  
217  
BLOOMFIELD, NJ. 07003

**Article III**

The name and Florida street address of the registered agent is:  
MARIA MULLER  
1215 SW 4TH ST  
FORT LAUDERDALE, FL. 33312

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: MARIA MULLER

## Article IV

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

Title: MGR  
MARIA MULLER  
1215 SW 4TH ST  
FORT LAUDERDALE, FL. 33312

L23000421126  
FILED 8:00 AM  
September 11, 2023  
Sec. Of State  
jsdennis

Signature of member or an authorized representative

Electronic Signature: MARIA MULLER

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.