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FLORIDA LIMITED LIABILITY CO. Al PROUD CARE THERAPY LLC	
221	SSET 3
	Email Address:
*	*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
	Fax Number : (305)675-5944
	Phone : (305)552-5973
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019
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<u>ARTICLES OF ORGANIZATION</u>

of OF STATE TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Must and with the words Timbed Liability Company.

ALPROUD CARETHERA PYLLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

Z425 W 76ST #113 Hialeah FL 33016

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability) Company cannot serve as its own Registered Agent. You must designate an individual or unother business entity with an active Florida registration.)

ARELYS CURBAIN 242 W 765T # 113 Hialegh FL 33016

KHOLOGRAPHANIA COLO

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

ARELYS CURBEIRA AMBR

Page 1 of 2

Required Signatures:

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

In accordance with section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)