

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

L23000545823
FILED 8:00 AM
December 11, 2023
Sec. Of State
ttmatthews

Article I

The name of the Limited Liability Company is:

PERFECT CARE ALF LLC

Article II

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

5842 NW CULLOM CIRCLE
PORT ST LUCIE, FL. US 34986

The mailing address of the Limited Liability Company is:

PO BOX 882075
PORT ST LUCIE, FL. US 34986

Article III

Other provisions, if any:

THE PURPOSE OF THIS ORGANIZATION IS TO MAINTAIN AND OPERATE
AN ASSISTED LIVING FACILITY AND ANY HEALTHCARE AGENCY OR
BUSINESS.

Article IV

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

ROBERT DUNN
120 NE 193 ST
MIAMI, FL. 33179

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: ROBERT DUNN

Article V

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

Title: AMBR
ROBERT DUNN
PO BOX 882075
PORT ST LUCIE, FL. 34988 US

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Signature of member or an authorized representative

Electronic Signature: ROBERT DUNN

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.