

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

**L24000063959  
FILED 8:00 AM  
February 05, 2024  
Sec. Of State  
vherring**

**Article I**

The name of the Limited Liability Company is:  
CARING HANDS CARE CENTER LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1554 LEOPARD CT  
APOPKA, FL. US 33712

The mailing address of the Limited Liability Company is:  
12319 MARSHLAND ST  
RIVERVIEW, FL. US 33579

**Article III**

Other provisions, if any:

WE ARE A NEW ASSISTED LIVING FACILITY FOCUSING ON PROVIDING  
RESIDENTIAL AND PERSONAL CARE SERVICES FOR THE ELDERLY AND  
OTHER INDIVIDUALS WHO CANNOT OR DO NOT CARE TO LIVE  
INDEPENDENTLY.

**Article IV**

The name and Florida street address of the registered agent is:  
MENSIE SAINT-LOT  
12319 MARSHLAND ST  
RIVERVIEW, FL. 33579

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: MENSIE SAINT-LOT

## **Article V**

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

Title: MGR  
MENSIE SAINT-LOT  
12319 MARSHLAND ST  
RIVERVIEW, FL. 33579

Title: AP  
CHRISTINE A SAINT-LOT  
2125 GRASMERE DR  
APOPKA, FL. 32712

Title: AP  
CHRISTINA E SAINT-LOT  
12319 MARSHLAND ST  
RIVERVIEW, FL. 33579

Title: AP  
MELISSA SAINT-LOT  
1445 WOODMONT BLVD  
KISSIMME, FL. 34746

Title: AP  
CHRISTELLE SAINT-LOT  
1445 WOODMONT BLVD  
KISSIMME, FL. 34746

Title: AP  
MARRY BENECHÉ  
5184 MILLENNIA BLVD APT 206  
ORLANDO, FL. 32839

## **Article VI**

The effective date for this Limited Liability Company shall be:

02/05/2024

Signature of member or an authorized representative

Electronic Signature: MENSIE SAINT-LOT

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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