Electronic Articles of Organization For Florida Limited Liability Company

L24000172482 FILED 8:00 AM April 15, 2024 Sec. Of State klovelace

Article I

The name of the Limited Liability Company is:

JP HAND IN HAND SUPPORTIVE SERVICES LIMITED LIABILITY COMPANY

Article II

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

1028 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL. 32205

The mailing address of the Limited Liability Company is:

1028 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL. 32205

Article III

Other provisions, if any:

TO PROVIDE SERVICES: SUPPORT HEALTH AWARENESS, EDUCATION, PREVENTION, PATIENT CARE FOLLOW-UP, LINKAGE, SKILL DEVELOPMENT, MENTORING, INFORMATION AND REFERRAL, INTENSIVE FOLLOW-UP, TRANSITIONAL HOUSING FOR PERSONS WITH DISABILITIES.

Article IV

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

JUANITA D PARKER 1159 DAY AVENUE JACKSONVILLE, FL. 32205

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: JUANITA D. PARKER

Article V

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

Title: PRES JUANITA D PARKER 1159 DAY AVENUE JACKSONVILLE, FL. 32205 L24000172482 FILED 8:00 AM April 15, 2024 Sec. Of State klovelace

Article VI

The effective date for this Limited Liability Company shall be:

04/08/2024

Signature of member or an authorized representative

Electronic Signature: JUANITA D. PARKER

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.

LAH000172482

To: Division of Corporation

Subject: Notice to release the corporation's name

Documentation Number: N18000005003

This is served as official notification that I release the corporation's name: Jp Hand in Hand Supportive Services Inc. filed on May 3, 2018.

I was named the registering agency and the chief executive officer of the nonprofit. I accepted responsibility as the registered agent, and I am releasing the corporation to be used by Jp Hand in Hand Supportive Services Inc.

The name of the corporation is: Jp Hand In Hands Supports, Inc. The name and address of the registered agent and office is:

(Register Agent) Dr. Juanita D. Parker

(Address) 1159 Day Avenue Jacksonville, Florida 32205

Signature_

Corporate Officer)

CERTIFICATION:

I hereby certify that the Board of Directors at their meeting held on March 15, 2024, adopted release of the name.

The name and address of each incorporator is: (Register Agent)
Dr. Juanita D. Parker

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Address) 1159 Day Avenue Jacksonville, Florida 32205 Signature V V V I understand that I am swearing or affirming under oath the truthfulness of the claims made in this letter._ Printed Name: Juanita D. Parker STATE OF FLORIDA COUNTY OF DUVA! Sworn to or affirmed and signed before me on of by 2024 by Juanita D. Parker **CLERK** Amber Scott Notary Public State of Florida (Print, type, or stamp commissioned name of notary or deputy clerk) Personally known. ✓ Produced identification. Type of identification produced OL