

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

**L24000379295
FILED 8:00 AM
August 27, 2024
Sec. Of State
crico**

Article I

The name of the Limited Liability Company is:

BOCA CAREGIVERS, LLC

Article II

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

8197 CADRE NOIR RD
LAKE WORTH, FL. US 33467

The mailing address of the Limited Liability Company is:

8197 CADRE NOIR RD
LAKE WORTH, FL. US 33467

Article III

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

HEIDI LORENTE
8197 CADRE NOIR RD
LAKE WORTH, FL. 33467

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: HEIDI LORENTE

Article IV

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

Title: AMBR
HEIDI LORENTE
8197 CADRE NOIR RD
LAKE WORTH, FL. 33467 US

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Article V

The effective date for this Limited Liability Company shall be:

09/01/2024

Signature of member or an authorized representative

Electronic Signature: HEIDI LORENTE

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.

L 24000 379295

NOTICE OF DISSOLUTION

STATE OF FLORIDA

August 27, 2024

Re: Boca Caregivers, LLC

No intention to revoke the dissolution

Let this letter serve as proof that as the former owner of Boca Caregivers, LLC, I have no intention of revoking the voluntary dissolution of my previous company, Boca Caregivers, LLC. Therefore, as long as Heidi Lorente meets all other conditions as required by the State, I would ask that the 120 day requirement to release our former company's name be waived and allow her to proceed with securing the name as she moves forward with setting up her new entity.

B. Catanzaro

Aug. 27, 2024

Bruce Catanzaro (Former Member of said company)



FOR AN ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY:	
STATE OF FLORIDA	COUNTY OF <u>Broward</u>
The foregoing instrument was acknowledged before me by means of	
<input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization,	
this <u>27th</u> day of <u>August</u> , 20 <u>24</u> , by	
<u>Bruce Catanzaro</u>	
(name of person acknowledging)	
<u>Amy Farham</u>	
(Print, Type or Stamp Creationalized Name of Notary Public) <u>Signature of Notary Public - State of Florida</u>	
Personally Known <u>X</u> OR Produced Identification _____	
Type of Identification _____	
Produced _____	