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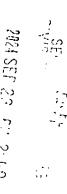
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

M & N HOPE INDEPENDENT LIVING, LLC.  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Ma	ARTICLE I - Name: The name of the Limited Lie	ibility Company is:		
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ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  Mailing Address:  3125 SHADY WILLOW DR. ORLANDO, FL. 32808  ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  NADIA LEGERME  Name  3125 SHADY WILLOW DR. Florida street address (P.O. Box NOT acceptable)  ORLANDO FL. 32808  City State Zip  City State Zip  Converse agent and to accept service of process for the above stated limited liability company at the content of the agent of the state of this capacity. I are agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and in familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.  Registered Agent's Signature (REQUIRED)	(Must o	contain the words "Limit	ted Liability Co	mpany, "L.I.C." or "LI.C.")
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(CONTINUED)			-	2,
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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  "MGR"	3125 SHADY WILLOW DR. ORLANDO, FLORIDA 32808	
(Use attachment if necessary)	,	
(If an effective date is listed, the date mu the date of filing.)	the date of filing:  (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed	
the document's effective date on the Department		
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE	y Shew Moler	
This document i	of a member or an authorized representative of a member.  executed in accordance with section 605.0203 (1) (b), Florida Statutes.  any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
RUTHEN	IIA MOSES  Typed or printed name of signee	
	3 500	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)