

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

L25000377307
FILED 8:00 AM
August 15, 2025
Sec. Of State
kcostello

Article I

The name of the Limited Liability Company is:
OPAL HANDS HOME HEALTH CARE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8270 WOODLAND CENTER BLVD
TAMPA, FL. US 33614

The mailing address of the Limited Liability Company is:
8270 WOODLAND CENTER BLVD
TAMPA, FL. US 33614

Article III

Other provisions, if any:
ANY AND ALL LAWFULL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
GUADALUPE J PARGAS
5101 SPRINGWATER CT
TAMPA, FL. 33624

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: GUADALUPE PARGAS

Article V

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

Title: AMBR
GUADALUPE PARGAS
5101 SPRINGWATER CT
TAMPA, FL. 33624 US

Title: AMBR
ILEANA M PEREZ BRUGUERA
14310 ARBOR HILLS RD
TAMPA, FL. 33625 US

Title: AMBR
ELIECER J AGUANA TRUJILLO
14310 ARBOR HILLS RD
TAMPA, FL. 33625 US

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Signature of member or an authorized representative

Electronic Signature: FRANK CRUZ

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.