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Florida Department of State

Division of Corporations

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To:

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Fax Number : (850)922-4003

From:

Account Name : ACE INDUSTRIES, INC.

Account Number : 070744001530

Phone : (305)358-2571

Fax Number : (305)358-7832

LIMITED LIABILITY COMPANY

FAMILY CARING LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 19, 1999

ACE INDUSTRIES, INC.

SUBJECT: FAMILY CARING LLC
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document SpecialistFAX Aud. #: H99000029664
Letter Number: 299A00055683

H99-29664

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

FAMILY CARING LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 856 S. MILITARY TRAIL

City, State & Zip: DEERFIELD BEACH, FL 33442

ARTICLE III - Registered Agents Name, Office Address, & Registered Agent's Signature:

DAVID J. LEVY
Name

856 S. MILITARY TRAIL
Address (P.O. Box NOT Acceptable)

DEERFIELD BEACH, FL 33442
City, State, Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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 as provided for in Chapter 608, F.S..


Registered Agent's Signature

11/19/99
Date

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member.
In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

DAVID J. LEVY
Typed or printed name of signee

H99-29664

Prepared By: Ace Industries 54 NW 11th Street Miami, Florida 33136 (305) 358-2571