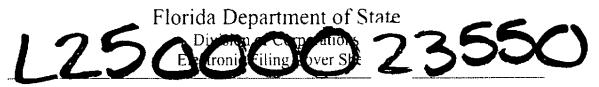
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FLORIDA LIMITED LIABILITY CO.

FL Hospice Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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JAN 1 5 2025

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FUR FLOR	DA LIMITED LIABILITA COMPANI
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FL Hospice Holdings LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	21 1: 1 11: 12: 6
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address	Mailing Address:
Principal Office Address:	STAIRING Address.
1777 Avenue of the States, Suite 106	1777 Avenue of the States. Suite 106
Lakewood, NJ 08701	Lakewood, NJ 08701
ARTICLE III - Registered Agent, Registered Office. & Reg The Limited Liability Company cannot serve as its own Regis mother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Veorp Agent Services, Inc.	
7 C(7) 7 T Z E I T T C C C C C C C C C C C C C C C C C	
Nam	

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 605, F.S.

City

Florida street address (P.O. Box NOT acceptable)

State

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 JAN 16 AM 9: 23

Page: 3 of 3

	Authorized M	lember	Name and Address:
"MGR" = $\lambda$	<del>-</del>		
<u>AMBR</u>			Chana Wilhelm 26 Carlton Ave. Lakewood, NJ 08701
			- Add to the second sec
(Lise attach)	nent if necess	arci	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)