Division of Corporations

L06000118248

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H06000293457 3)))

H06000293457ABC3

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)205-0383

EFFECTIVE DATE 12/12/06

From:
Account Name : MICHAEL D. HORLICK, P.A.
Account Number : 072100000126
Phone : (941)484-5656
Fax Number : (941)484-1650

FILED
06 DEC 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 DEC 12 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Coastal Care Compassion, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Menu Help

N. Culligan DEC 13 2006

EFFECTIVE DATE 12/12/06

Fax Audit #H060002934573

Articles of Organization
of
Coastal Care Compassion, LLC

(A Florida Limited Liability Company)

The undersigned organizer hereby adopts these Articles of Organization for the purpose of forming a Limited Liability Company under The Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes (the "Act").

1. **NAME**. The name of this limited liability company (the "Company") is **Coastal Care Compassion, LLC**.

2. **EFFECTIVE DATE AND DURATION**. The existence of the Company shall commence on December 12, 2006. The period of duration of the Company shall be perpetual.

3. **PURPOSE**. The purpose and business of the Company shall be to engage in any lawful act or activity which may be carried on by a limited liability company under the Act.

4. **MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE**. The mailing address and street address of the principal office of the Company is: 3600 Fowler Street, Ft. Myers, FL 33901.

5. **REGISTERED AGENT**. The name and address of the initial Registered Agent of the Company is: Michael D. Horlick, 1314 E. Venice Avenue, Suite D, Venice FL34285.

6. **MANAGEMENT BY MANAGER**. A Member of the Company shall not be a Manager by virtue of his or her status as a Member. The Company shall be managed by one or more Managers appointed by the Member. The name and address of the initial Manager who shall manage the Company is as follows:

- Victoria Pettograsso, 238 Tamiami Trail South, Venice, Florida 34285

7. **ADDITIONAL MEMBERS**. New Members may be admitted only upon the unanimous written consent of the Members and in accordance with restrictions set forth in the Operating Agreement of the Company.

FILED
06 DEC 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit #H060002934573

Michael D. Horlick, P.A.
1314 E. Venice Avenue, Suite D
Venice, Florida 34285
(941) 484-5656
FL BAR #: 0292583

Fax Audit #H060002934573

8. **LIMITED LIABILITY**. No Member or Manager or agent of the Company shall be liable under a judgment or decree, or order of a court, or in any other manner for any debt, obligation, or liability of the Company.

IN WITNESS WHEREOF the undersigned, as an authorized representative of a Member, hereby executes these Articles of Organization this 12th day of December, 2006.

Michael D. Horlick

"Authorized Representative"

Fax Audit #H060002934573

Coastal Care Compassion, LLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been designated Registered Agent to accept service of process for the above stated **Coastal Care Compassion, LLC**, at the place designated in this Certificate, the undersigned **Michael D. Horlick**, whose address is 1314 E. Venice Avenue, Suite D, Venice, FL 34285, does hereby accept the designation and agree to act in that capacity, and agrees to comply with the provisions of Florida Statutes relative thereto.

DATED: December 12, 2006

Michael D. Horlick, Registered Agent

FILED
06 DEC 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20061212 Articles of Organization.wpd