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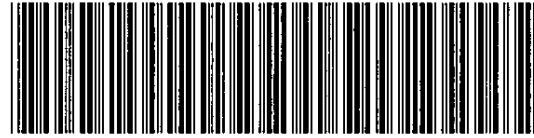
(Business Entity Name)

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09 APR - 1 AM 10:23
SECRETARY OF STATE
DIVISION OF CORP. REGISTRARS
TALLAHASSEE, FLORIDA

FILED
09 APR - 1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR - 1 2009

EXAMINER



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April 1, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Companion Care of Southwest Florida, LLC

FILED
 APR 1 11:45 AM
 TALLAHASSEE, FLORIDA
 STATE CLERK

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

Retrieval Request

- Photocopy
- Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FILED
09 APR - 1 PM 1:45
TALLAHASSEE, FLORIDA
CLERK OF STATE

FIRST: The name of the limited liability company is:
Companion Care of Southwest Florida, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)


Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Article II. The zip code of the principal place of business and mailing address of the company is incorrectly
stated as 34104. The correct zip code for the principal place of business and mailing address is 34102.

Article V. The zip code of the address of the initial manager is incorrectly stated as 34104. The correct
zip code for the address of the initial manager is 34102.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: April 1, 2009



Signature of a member or authorized representative of a member

Jeff M. Novatt, Esq., Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
09 MAR 30 AM 8:15
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
COMPANION CARE OF SOUTHWEST FLORIDA, LLC**

The undersigned organizer hereby forms a Limited Liability Company under Chapter 608 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the Limited Liability Company ("Company") shall be Companion Care of Southwest Florida, LLC.

ARTICLE II. PRINCIPAL PLACE OF BUSINESS

The address of the principal place of business of this Company shall be 1482 Blue Point Avenue, Naples, Florida 34104, and the mailing address of the Company shall be the same.

ARTICLE III. TERM OF EXISTENCE

This Company shall commence its existence on the date these Articles are filed, pursuant to Florida Statutes Section 608.409; and shall exist until dissolved in a manner provided by law or as provided in the operating agreement adopted by the members.

ARTICLE IV. NATURE OF BUSINESS

This Company may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE V. MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company pursuant to Florida Statutes Section 608.422. The name and address of the initial manager is as follows:

**Vanity Dickinson
1482 Blue Point Avenue
Naples, Florida 34104**

ARTICLE VI. INITIAL REGISTERED OFFICE AND REGISTERED AGENT

1. The name of the initial registered agent of the Company is Jeff M. Novatt, Esq.
2. The street address of the initial registered office of the Company shall be CHEFFY PASSIDOMO, P.A., 821 Fifth Avenue South, Suite 201, Naples, Florida 34102. The mailing address shall be CHEFFY PASSIDOMO, P.A., 821 Fifth Avenue South, Suite 201, Naples, Florida 34102.

ARTICLE VII. ORGANIZER

The name and street address of the Organizer to these Articles of Organization is:

Jeff M. Novatt, Esq.
Cheffy Passidomo, P.A.
821 Fifth Avenue South, Suite 201
Naples, Florida 34102

IN WITNESS WHEREOF, the undersigned has hereunto set his hands on this 30th day of March, 2009.



Jeff M. Novatt, Esq.
Authorized Representative

ACCEPTANCE

I agree, as Registered Agent, to accept service of process; to keep my office open during prescribed hours; to post my name (and any other officers of said limited liability company authorized to accept service of process at the above Florida designated address) in some conspicuous place in my office as required by law. I am familiar with and accept the obligations of my position as registered agent.

WITNESS my hand this 30th day of March, 2009, in the City of Naples, State of Florida.



Jeff M. Novatt, Esq.
Registered Agent