

Division of Corporations

L110000154603

Florida Department of State
Division of Corporations
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.

((H11000154603 3)))



H110001546033ABCV

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

L. SELLERS

JUN 1 & 2011

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAUIG - FORT LAUDERDALE
Account Number : I20040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

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

Email Address: _____

RECEIVED
11 JUN 10 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ADVOCATE HOME CARE - WEST, LLC

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

FILED
11 JUN 10 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H11000154603 3

**ARTICLES OF ORGANIZATION
OF
ADVOCATE HOME CARE - WEST, LLC
(A Florida Limited Liability Company)**

**ARTICLE I
NAME**

The name of the Limited Liability Company is Advocate Home Care - West, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

7866 West Commercial Boulevard
Lauderhill, Florida 33351

**ARTICLE III
DURATION**

The period of duration for the limited liability company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by its managers and is, therefore, a manager-managed company.

**ARTICLE V
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The remaining members of the limited liability company may, pursuant to the vote of members possessing a majority of membership interests in the limited liability company, continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

FILED
11 JUN 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000154603 3


ARTICLE VI
INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Limited Liability Company's initial registered agent is:

NRAI Services, Inc.
515 East Park Avenue
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 10th day of June, 2011.

AUTHORIZED REPRESENTATIVE:



David C. Peck

(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.)

H11000154603 3

CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of Advocate Home Care - West, LLC, a Florida Limited Liability Company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 10th day of June, 2011.

NRAI SERVICES, INC.

By: [Signature]
Name: Garen Rodriguez
Title: Assistant Secretary