

L14000005367 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

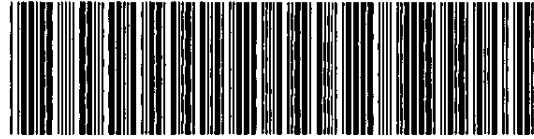
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

2014 JAN -6 PM 12:52

B. BOSTICK  
JAN 10 2014  
EXAMINER

(850) 245-6051.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Geriatric Care Group LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**David Bellotti**

Name of Person

**American Geriatric Care Group LLC**

Firm/Company

**140 South Beach Street, Suite 205**

Address

**Daytona Beach, FL 321147**

City/State and Zip Code

**David@USCareGroup.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**David Bellotti**

Name of Person

at ( **386** ) **248-1919**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TALLAHASSEE, FLORIDA  
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**Exhibit A**

**Articles of Organization For A Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

American Geriatric Care Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

American Geriatric Care Group, LLC  
140 South Beach Street  
Suite 205  
Daytona Beach, FL 32114

**Mailing Address:**

American Geriatric Care Group, LLC  
140 South Beach Street  
Suite 205  
Daytona Beach, FL 32114

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's**

**Signature:**

The name and the Florida street address of the registered agent are:

David Bellotti

Name

140 South Beach Street, Suite 205

Florida Street Address (P.O. Box **NOT** acceptable)

Daytona Beach, FL 32114

City, State, and Zip

*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 (REQUIRED)



Registered Agent's Signature  
(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:                                    Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

David Bellotti

140 South Beach Street, Suite 205

Daytona Beach, FL 32114

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STATE OF FLORIDA  
TALLAHASSEE

REQUIRED SIGNATURE:



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 Bellotti

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)