L14000104879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

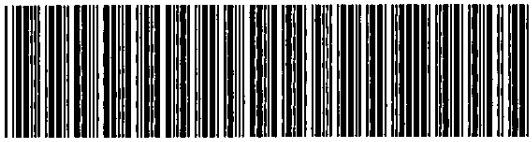
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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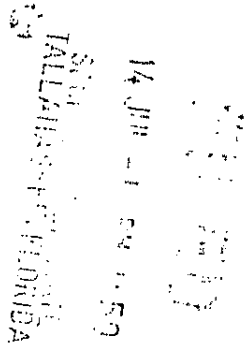

J. Shivers JUL 02 2014

ENCOMPASS HOME HEALTH
6688 N. CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
TEL. (214) 239-6562 • FAX (866) 670-1249

June 27, 2014

FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

RE: Articles of Organization

Please find enclosed an application for Articles of Organization along with a check in the amount of $125.00 to cover the fees.

Thank you for your attention to this matter.

Sincerely,

Debbie Stewart
Legal Assistant

COVER LETTER

TO: ***Registration Section***
Division of Corporations

SUBJECT: Encompass Home Health of the Southeast, 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 Brown
Name of Person

Encompass Home Health
Firm/Company

6688 N Central Expwy, Ste. 1300
Address

Dallas, TX 75206
City/State and Zip Code

dbrown@ehhi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Brown at (214) 239-6511
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Encompass Home Health of the Southeast, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
6688 N. Central Expwy. Ste. 1300 Dallas, TX 75206	6688 N. Central Expwy, Ste. 1300 Dallas, TX 75206

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Incorp Services, Inc.
Name

17888 Le 1th Court North
Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee FL 33470
City 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 605, F.S..

Heather Nee for Incorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	April Anthony 6688 N. Central Expwy, Ste. 1300 Dallas, TX 75206
AMBR	Peter Ehrich 6688 N. Central Expwy, Ste. 1300 Dallas, TX 75206
AMBR	David Brown 6688 N. Central Expwy, Ste. 1300 Dallas, TX 75206
AMBR	Bryan Cressey 6688 N. Central Expwy, Ste. 1300 Dallas, TX 75206

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.
None

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DAVID BROWN
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)