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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003255

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Fax Number

: (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. MGP CARE, LLC.

Certificate of Status	0
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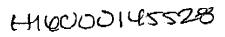
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CORPUSA

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COVER LETTER

	Registration Section Division of Corporations			•	
SUBJEC	MGP Care, LLC.				
000000		Name of	Limited Liabil	ity Company	
The enclo	sed Articles of Organization	and fee(s) are submitted	for filing.	
Please ret	um all correspondence conc	erning this	matter to the l	bllowing:	
	Nicole Dandridge				
			Name of	Person	
	Tools for Change				
			Firm/Co	прасу	
	180 NW 62nd Street				
			Addr	-33	
	Miami, Florida 33150				
	nicolc@tfcmiaml.org		City/State an	d Zip Code	
	E-mail address	s: (to be a	ed for future a	nnual report notificat	ion)
For further	information concerning this	matter, ple	tase call:		
	Nicole Dandridge	at	305	736-0605	
	Name of Person	PN '	Area Code	Daytime Telephor	no Number
Enclosed (s a check for the following a	mount:			
]\$125.00 F	iling Fee \$130.00 Fil Certificate		Certifia	O Fiting Fee & [ed Copy al copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		1	Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	lity Company is:			
MGP Care, LLC. (Must en	d with the words "Limited L	iability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal offi	ce of the Limited	Liability Company is:	
Princ	inal Office Address:		Malling Address:	
990 NE 158th Stre North Miami Beac			NE 158th Street h Miami Beach, Florida 33162	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its own R	egistered Agent.	nt's Signature: You must designate an Individual or	7 10 10 10 10 10 10 10 10 10 10 10 10 10
The name and the Florida Street	et address of the registered a	gent are:		72
	Marie Georges Pierre	Name		
	990 NB 158th Street Florida street address (P.O. Box NOT a	sceptable)	2 4
	North Mismi Beach	FL.	33162	न ै.
	City	State	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 abligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Morie Georges Kiesse)
Registered Agent's Signature (REQUIRED)

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Title: "AMBR" - Authorized Member	Name and Address:
"MGR" - Managor MGRM	Marie Georges Pierre
MUAN	990 NE 158th Street
	North Miami Beach, Florida 33162
	· · · · · · · · · · · · · · · · · · ·
	
ective date is listed, the date must be spec	ffiling: (OPTIONAL) ific and connot be more than five business days prior to or 9
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