

L060000 86048

Florida Department of State
Division of Corporations
Public Access System

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.

((H06000218019 3)))



H060002180193ABC.

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

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 31 AM 8:46

FILED

M. Thomas SEP - 1 2006

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Lifeline Home Health Care of Lakeland, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

06 AUG 31 PM 1:14

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help


**ARTICLES OF ORGANIZATION
OF
LIFELINE HOME HEALTH CARE OF LAKE LAND, LLC**

Articles of Organization of Lifeline Home Health Care of Lakeland, LLC (the "Company"), dated August 31, 2006, to form a limited liability company under the Florida Limited Liability Company Act, F.S. § 608.401 et seq.

1. The name of the limited liability company is Lifeline Home Health Care of Lakeland, LLC.
2. The mailing address and the street address of the principal office of the Company is 420 West Pinhook Road, Suite A, Lafayette, Louisiana 70503.
3. The name and street address of the Company's initial registered agent for service of process in the state are:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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

4. The management of the business and affairs of the Company shall be vested in its managers.


[Signature on following page]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 31 AM 8:46

FILED

IN WITNESS WHEREOF, the undersigned executes these Articles of
Organization this 31st day of August, 2006.



Susan A. Bracker
Authorized Representative of the Member

FILED

06 AUG 31 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA