

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 Fax (850) 222-1222

L00000003663

*Southern Health of Pasco,
LLC*

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-03/31/00--01035--026

****160.00 ****160.00

L00-3663

am	<i>OK</i>
ava	<i>331</i>
Doc	<i>OK</i>
Exa	<i>OK</i>
Upd	<i>OK</i>
Upd	<i>OK</i>
Upd	<i>OK</i>
Upd	<i>OK</i>

Signature _____

Requested by: *um*

Name _____

Date *3/31*

Time *10:15*

Walk-In _____

Will Pick Up _____

- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ☒ L.C. File *Cert. & Stat.*
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ☒ Certificate of Good Standing
- ____ Certificate of Status _____
- ____ Certificate of Fictitious _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

FILED

00 MAR 31 PM 12:13

RECEIVED

00 MAR 31 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name

The name of the Limited Liability Company is SOUTHERN HEALTH OF PASCO, L.L.C.

ARTICLE II- Address

The mailing address and street address of the principal office of the name of the Limited Liability Company is 6481 Spartina Circle, Jupiter, Florida 33458

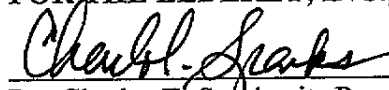
ARTICLE III- Registered Agent, Registered Office and Registered Agent's Signature

The name and the Florida street address of the Company's initial registered agent shall

Morris G. (Skip) Miller
515 North Flagler Drive, Suite 1150
West Palm Beach, Florida 33401

The registered office and registered agent may be changed from time to time pursuant to the Florida Act and the applicable rules promulgated thereunder.

**SOUTHERN HEALTH & HOUSING SERVICES
FOR THE ELDERLY, INC., Sole Member**



By: Charles T. Sparks, its President

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

RESIDENT AGENT'S SIGNATURE

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, Florida Statutes.



Morris G. (Skip) Miller

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00 MAR 31 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA