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RUDEN MCCLOSKEY SMITH

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Florida Department of State
Division of Corporations
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Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
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LIMITED LIABILITY COMPANY

Best Care, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
BEST CARE, LLC,
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

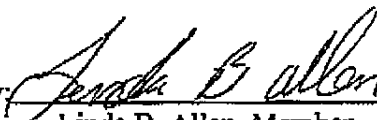
1. NAME. The name of the Limited Liability Company is BEST CARE, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The address of the principal office and mailing address of the Company is 8175 Ambach Way, Hypoluxo, Florida 33462.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Linda B. Allen, 8175 Ambach Way, Hypoluxo, Florida 33462.

The undersigned has executed these Articles of Organization on the 4th day of April, 2000.

By


Linda B. Allen, Member

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: BEST CARE, LLC.
2. The name and address of the registered agent and office is:

Linda B. Allen
8175 Ambach Way
Hypoluxo, Florida 33462

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 its 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.


Linda B. Allen, Registered Agent

4/4/00
(Date)

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