



THE UNITED STATES  
CORPORATION  
COMPANY

L00000015942

ACCOUNT NO. : 072100000032

REFERENCE : 935861 7234237

AUTHORIZATION :

*Patricia Pizute*

COST LIMIT : \$ 125.00

ORDER DATE : December 18, 2000

ORDER TIME : 3:32 PM

500003511185--9

ORDER NO. : 935861-001

CUSTOMER NO: 7234237

CUSTOMER: Mr. Wilfred Martinez  
Mr. Wilfred Martinez

4510 Cobblefield Cir W

Jacksonville, FL 32224

DOMESTIC FILING

NAME: AMERICAN CARE CONCEPTS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

*B*  
*12-22-00*

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

00 DEC 21 PM 4:41

RECEIVED

00 DEC 21 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN CARE CONCEPTS, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

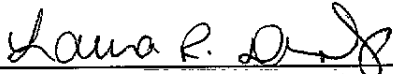
9951 Atlantic Boulevard, Suite 202, Jacksonville, Florida 32225

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32301  
City, State, and 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 608, F.S..*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

WILFRED MARTINEZ

Signature of a member or an authorized representative of a member.

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

WILFRED MARTINEZ

Typed or printed name of signee

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

APPROVED  
AND  
FILED  
00 DEC 21 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MEMBERS OF AMERICAN CARE CONCEPTS, LLC

Wilfred Martinez      4510 Cobblefield Circle, West  
Member                  Jacksonville, Florida 32224

Edgardo Velez              5926 3rd Avenue, North  
Member                      St. Petersburg, Florida 33710

dew

APPROVED  
AND  
FILED  
00 DEC 21 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA