

Division of Corporation

Page 1 of 1

**L01000002896****Florida Department of State**

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

**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.**

(((H01000020243 1)))

**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) 922-4003

**From:**

Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.  
Account Number : 076666002140  
Phone : (727) 461-1918  
Fax Number : (727) 441-8617

**LIMITED LIABILITY COMPANY****QUALITY OF LIFE HOME HEALTH CARE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**Electronic Filing Menu****Corporate Filing****Public Access Help**FILED  
01 FEB 23 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL

RECEIVED  
01 FEB 23 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H01000020243 1

**ARTICLES OF ORGANIZATION  
OF  
QUALITY OF LIFE HOME HEALTH CARE, LLC**

The undersigned, as the authorized representative of a limited liability company to be formed under the Florida Limited Liability Company Act, as amended (the "Act"), hereby forms a Florida limited liability company (this "Company") pursuant to the Act and hereby set forth the following Articles of Organization (these "Articles"):

**ARTICLE I**

Name

The name of this Company shall be: QUALITY OF LIFE HOME HEALTH CARE, LLC

**ARTICLE II**

Commencement Date and Duration

This Company shall commence on the date of subscription and acknowledgment in accordance with the provisions of Section 608.409(3)(a) of the Act, and shall continue from the commencement date, or until dissolved by its members or manager in accordance with Section 608.441 of the Act or the provisions of these Articles. Subject to the foregoing, this Company shall be dissolved on the happening of any of the following events:

1. Expiration of the term specified above;
2. Withdrawal, retirement, death, resignation, bankruptcy, dissolution or expulsion of any member, unless the business of this Company is continued by the consent of all the remaining members; or
3. Unanimous written consent of all of the members.

**ARTICLE III**

Place of Business

The principal place of business of this Company shall be 750 Starkey Road, Largo, Florida 33771, and such other place or places as may be designated by the Manager from time to time. The mailing address of this Company shall be 750 Starkey Road, Largo, Florida 33771.

This instrument was prepared by:

A.R. Neal, Esquire  
Johnson, Blakely, Pope, Bokor,  
Ruppel & Burns, P.A.  
911 Chestnut Street  
Clearwater, Florida 33756  
Florida Bar No. 0369152

H01000020243 1

FILED  
01 FEB 23 PM 3:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

H01000020243 1

**ARTICLE IV**  
**Registered Agent and Office**

The initial registered agent for this Company shall be A.R. Neal, and the address of the registered agent for service of process shall be 911 Chestnut Street, Clearwater, Florida 33756.

**ARTICLE V**  
**Admission of Members**

The initial members of this Company shall be set forth in the Operating Agreement adopted by the members as set forth therein. The admission of additional members shall be accomplished only by the unanimous vote of the members, unless otherwise stated in the Operating Agreement.

**ARTICLE VI**  
**Continuation of Business**

The members may, by unanimous written consent, continue the business of this Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or upon the occurrence of any other event, which terminates the continued membership of a member in this Company.

**ARTICLE VII**  
**Management of Business**

The Company shall be Manager-managed. The following shall each serve as Manager until their successors are elected and qualified:

<u>Manager</u>	<u>Address</u>
Michael J. Moses	750 Starkey Road Largo, Florida 33771
Albert H. Rodriguez	750 Starkey Road Largo, Florida 33771
James Heenan	750 Starkey Road Largo, Florida 33771

FILED  
01 FEB 23 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned authorized representative of QUALITY OF LIFE HOME HEALTH CARE, LLC has executed these Articles of Organization this 23<sup>rd</sup> day of February, 2001.

  
A.R. NEAL, Authorized Representative

233932.01

H01000020243 1

FILED

01 FEB 23 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CERTIFICATE OF DESIGNATION  
AND ACCEPTANCE REGISTERED AGENT**

The undersigned, having been named Registered Agent and designated to accept service of process for the above-stated Company, at 911 Chestnut Street, Clearwater, Florida 33756, hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the duties hereunder.

*A.R. Neal*  
A.R. Neal

Dated: February 22<sup>nd</sup> 2001.

233932.01

801000020243 1