Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085 Phone : (561)626-4742

Fax Number : (561)626-4742

LIMITED LIABILITY COMPANY

CareServices of The Heartland, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 .
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

CareServices of The Heartland, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: CareServices of The Heartland, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 777 Yamato Road, Suite 330, Boca Raton, FL 33431

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

The name and the Florida street address for the registered agent are:
Kim Myrick
Accredited Health Care, Inc.
777 Yamato Road, Suite 330
Boca Raton, FL 33431

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

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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.

Signature of a member of an authorized representative of a member

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

Accredited Health Care, Inc.

By: Kim Myrick, Secretary/Treasurer

Typed or printed name of signee

Kim Myrick

SECRETARY OF STATE TALLAHASSEF, FIRBINA

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)

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Feb 27 10:52 P. 05

ER LLP Fax:15616264742