

L0100000 3153

Florida Department of State

Division of Corporations

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To:

**Division of Corporations
Fax Number : (850) 922-4003**

From:

**Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
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Fax Number : (561) 626-4742**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

CareServices of South Florida, LLC

Certificate of Status	0
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Mar 1 '01 8:33 P.02
p1 /1



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 28, 2001

COMITER & SINGER, LLP

SUBJECT: CARESERVICES OF SOUTH FLORIDA, LLC
REF: W01000004652

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TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: H01000022083
Letter Number: 001A00012613

COMITER & SINGER, LLP

3801 PGA BOULEVARD
SUITE 802
PALM BEACH GARDENS, FL 33410
(561) 626-2101; fax (561) 626-4742

DATE: March 1, 2001

TIME:

8:38 AM

OPERATOR SENDING FAX:

TO: Florida Division of Corporations
(ATTN: Agnes Lunt)

FROM: Mark Dedick

FAX: 850.922.4003

RE: CareServices of South Florida, LLC
Fax audit #H01000022083

NUMBER OF PAGES INCLUDING COVER SHEET: Five (5)

INSTRUCTIONS: Dear Ms. Lunt:

Pursuant to your 2/28/2001 correspondence and my phone conversation with Lee of your Unit, you never received the second page of the Articles of Organization for the above named entity. We apologize for that oversight and now refax to you a copy of the entire Articles. Please file these Articles with the effective date that you would have originally ascribed. Many thanks for your kind assistance in this matter.

CLIENT: _____

OFFICE EXPENSE: _____

The information contained in this facsimile message is attorney privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect), and return the original message to us at the above address via the U.S. Postal Service. Thank you.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

01 MAR -1 AM 9:25

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

OF

CareServices of South Florida, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: CareServices of South Florida
LLC.

ARTICLE II - Address:

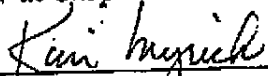
The mailing address and street address of the principal office of the Limited
Liability Company is: 777 Yamato Road, Suite 330, Boca Raton, FL 33431

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

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

Kim Myrick
Ten-Mill of Broward County, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kim Myrick

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.)

Ten-Mill of Broward County, Inc.

By: Kim Myrick, Secretary/Treasurer

Typed or printed name of signee

Kim Myrick

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)