

LO1000005663

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Compassionate Care, L.L.C.

FILED
01 APR 11 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400003993064-5
-04/12/01-01001-003
****125.00 ****125.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

4/11/01

Order#: 4067821

LO1-5663
AL

Ref#: _____

Amount: \$ _____

RECEIVED
01 APR 11 PM 3:33
DIVISION OF CORPORATION

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -- Name:

The name of the Limited Liability Company is: COMPASSIONATE CARE, L.L.C.

ARTICLE II -- Principal Office:

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

Mailing Address: P. O. Box 8012, Vero Beach, Florida 32963

Street Address: 7954 U.S. Route 1, Wabasso, Florida 32970

ARTICLE III -- Registered Agent:

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

Geraldine O'Connor

7954 U.S. route 1, Wabasso, Florida 32970

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.

Geraldine O'Connor

Geraldine O'Connor
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.

Geraldine O'Connor

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

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

Geraldine O'Connor

Typed or Printed Name of signee

Filing Fees:

\$125.00 for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 8.75 (per page for first 8 pages) Certified Copy (Optional)

\$ 8.75 Certificate of Status (Optional)

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