

**L02000007715**

Barbara Anderson  
4205 Woodstorks Walkway  
Suite 106  
Lutz, FL 33558  
(813) 960-8789

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\*\*\*\*125.00 \*\*\*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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L02-7715  
OK 4/1



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 21, 2002

BRAD ANDERSON  
4205 WOODSTORKS WALKWAY  
SUITE 106  
LUTZ, FL 33558

SUBJECT: PERENNIAL HEALTHCARE LLC  
Ref. Number: W02000005092

We have received your document for PERENNIAL HEALTHCARE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

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

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

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan  
Document Specialist

Letter Number: 602A00010736

SECRETARY OF STATE  
ALLA HARRIS  
FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 18, 2002

BRAD ANDERSON  
4205 WOODSTORKS WALKWAY  
SUITE 106  
LUTZ, FL 33558

We have received your document for PERENNIAL HEALTHCARE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

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) 245-6043.

Shawn Logan  
Document Specialist

Letter Number: 902A00016209

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Perennial Healthcare "LLC"

## ARTICLE II - Address:

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

4205 Woodstorks Walkway <sup>Suit 106</sup> Lutz, FL 33558

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

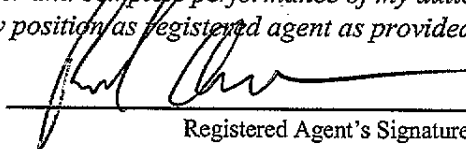
The name and the Florida street address of the registered agent are:

Perennial Healthcare Brad Anderson  
Name

4205 Woodstorks Walkway Suit 106  
Florida street address (P.O. Box **NOT** acceptable)

Lutz FL 33558  
City, State, and Zip

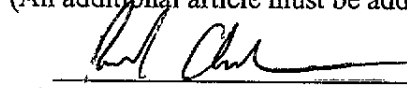
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

  
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.)

Brad Anderson  
Typed or printed name of signer

## 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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