L02000007746

Heather McClymont-Clarke
9609 NW 8 Circle
Fort Lauderdale
FL 33324

FILED
2002 APR -1 AM 8:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

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-03/18/02--01075--006
****125.00 ****125.00

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

CR2E031(7/97)

Examiner's Initials

W02-8012
J. BRYAN MAR 22 2002
J. BRYAN APR -1 2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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TALLAHASSEE, FLORIDA

March 22, 2002

HEATHER MCLYMONT-CLARKE
9609 NW 8 CIR.
FT. LAUDERDALE, FL 33324

This should be CareCo NOT CareLo

SUBJECT: CARELO HEALTH SERVICES LLC
Ref. Number: W02000008012

We have received your document for CARELO HEALTH SERVICES 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):

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 the original and one copy of 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) 245-6097.

Joey Bryan
Document Specialist
Tax Liens

Letter Number: 002A00017165

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: CareCo Health Services LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
9609 NW 8 Circle, Fort Lauderdale Florida 33324

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

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

Heather McClymont-Clarke
Name

9609 NW 8 Circle
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33324
City, State, and Zip

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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.

HMcCly-Clarke
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)

HMcCly-Clarke
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.)

Heather M McClymont-Clarke
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent