

# LO2000008457

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Elder-Care Partners, LLC

200005223812--6

-04/10/02--01001--006

\*\*\*\*155.00 \*\*\*\*155.00

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION FOR  
ELDER CARE-PARTNERS, LLC  
A Florida Limited Liability Company**

ARTICLE I - NAME

The name of the Limited Liability Company is:

ELDER CARE-PARTNERS, LLC.

ARTICLE II - ADDRESS

The mailing address of the Limited Liability Company shall be:

P.O. Box 150760  
Cape Coral, FL 33915-0760

The street address of the Limited Liability Company shall be:

201 Nicholas Parkway West  
Cape Coral, FL 33991-2590

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

Michael V. Beauchemin  
201 Nicholas Parkway West  
Cape Coral, FL 33991-2590

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TALLAHASSEE, FLORIDA

*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.*

  
MICHAEL V. BEAUCHEMIN  
Registered Agent

ARTICLE IV – Management:

The Limited Liability Company is to be managed by one or more managers and, therefore, a manager – managed company.

  
MICHAEL V. BEAUCHEMIN  
Authorized LLC Managing Member

B255-558-57-445-0  
Florida Driver's License No.

  
JOHN J. GREENE  
Authorized LLC Managing Member

G650-470-66-110-0  
Florida Driver's License No.

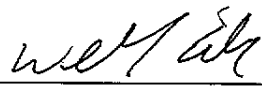
(In accordance with Section 608.408(e), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA            )  
  ) ss.  
COUNTY OF LEE            )

On this 1st day of April, 2002, before me, the undersigned, a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared MICHAEL V. BEAUCHEMIN and JOHN J. GREENE, known to me to be the persons whose names are subscribed to the within ARTICLES OF ORGANIZATION, who produced Florida Driver's Licenses as proof of identification, and who each did take an oath.

(SEAL)



  
\_\_\_\_\_  
NOTARY PUBLIC  
William T. Edy  
Commission No: CC 728502  
My Commission Expires: 6-19-02

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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