

**H02000011645**

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**LIMITED LIABILITY COMPANY  
CARECARD, LLC**

Certificate of Status	0
Certified Copy	1
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APPROVED AND FILED  
02 MAY 14 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**TB**

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

**ARTICLE 1. - NAME**

The name of the Limited Liability Company is **CARECARD, LLC**

**ARTICLE 2. - ADDRESS**

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

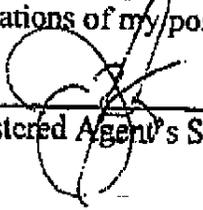
2500 NW 79<sup>th</sup> Ave., Suite 205  
Miami, Florida

**ARTICLE 3. - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

Juan Montes  
145 East 49<sup>th</sup> St.  
Hialeah, Florida 33013

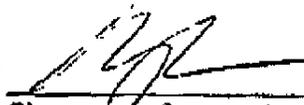
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

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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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 penalties of perjury that the facts stated herein are true)

MICHAEL YORK

Typed or printed name of signee

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA