

L0200002/221

ALTHIA V. ELLIS
13330 SW 29th Court
Davie, FL 33330
Phone: 954-382-5730
E-mail: avellis2@aol.com

July 23, 2002

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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****125.00 ****125.00

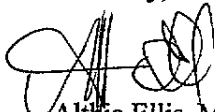
To Whom It May Concern:

Enclosed is an application for the organization of a Limited Liability Company, the name of which will be **Senior Care Solutions**. I will be the registered agent for the company, which will have at least one manager.

Appropriate filing fee of \$50.00 is enclosed. I can be reached at 954-436-3242 during the day.

Thank you.

Sincerely,


Althia Ellis, MPA

Enclosure: application, check

W002-21647

FILED
02 AUG 19 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALY



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 26, 2002

ALTHIA V. ELLIS
13330 SW 29TH COURT
DAVIE, FL 33330

SUBJECT: SENIOR CARE SOLUTIONS
Ref. Number: W02000021649

FILED
02 AUG 19 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 002A00045462

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SENIOR CARE SOLUTIONS, L.L.C.

ARTICLE II - Address:

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

13330 SW 29th COURT, DAVIE FL 33330

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

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

ALTHIA ELLIS

Name

13330 SW 29th COURT

Florida street address (P.O. Box NOT acceptable)

DAVIE FL 33330

City, State, and Zip

FILED
02 AUG 19 AM 9:01
SECRETARY OF STATE
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.

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.)

ALTHIA ELLIS

Typed or printed name of signee

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)