

L02000026786

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000210507 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561) 626-4742
Fax Number : (561) 626-4742

RECEIVED
02 OCT 10 PM 12:16
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

CareServices of Miami-Dade, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

10/10/10
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 10 PM 3:15

Electronic Filing Menu

Corporate Filing

Public Access Help

HO20002105078

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF
CARESERVICES OF MIAMI-DADE, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: CareServices of Miami-Dade, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 777 Yamato Road, Suite 330, Boca Raton, FL 33431.

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

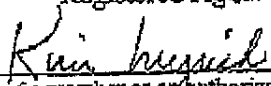
The name and the Florida street address for the registered agent are:

Kim Myrick
Mobile Medical Industries, Inc.
777 Yamato Road, Suite 330
Boca Raton, FL 33431

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



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.)

Mobile Medical Industries, Inc., Member

By: Kim Myrick, Secretary/Treasurer
Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 15.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 1.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 10 PM 3:15

HO20002105078