

# L030000071 25

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

From: Account Name : GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS & BERGER, P.  
Account Number : 076064003722  
Phone : (954) 491-1120  
Fax Number : (954) 771-9264

## LIMITED LIABILITY COMPANY

All Total Care, L.L.C.

Certificate of Status	0
Certified Copy	0
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03 FEB 27 AM 7:48  
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03 FEB 26 PM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUDIT NO. H030000645512

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is All Total Care, L.L.C.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall continue for a period of 40 years thereafter.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1414 S. Powerline Road, Pompano Beach, Florida 33069.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Gregory M. Nordt, 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by or managers and the names and addresses of the initial managers who are to serve as managers are:

Carol Rakoff  
1414 S. Powerline Road  
Pompano Beach, Florida 33069

Leslie Rakoff  
1414 S. Powerline Road  
Pompano Beach, Florida 33069

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Whereof, the undersigned member has executed these Articles the 26<sup>th</sup> day of February, 2003.

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Gregory M. Nordt,  
Authorized Representative of Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,  
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY  
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

All Total Care, L.L.C.

2. The name and address of the registered agent and office is:

Gregory M. Nordt  
100 W. Cypress Creek Road, Suite 700  
Fort Lauderdale, Florida 33309

By: \_\_\_\_\_

Gregory M. Nordt,  
Authorized Representative of Member

*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.*

\_\_\_\_\_  
(Signature)

2/26/03  
\_\_\_\_\_  
(Date)

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