-- Division of Corporation OD 0014450

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To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : INCORPORATETIME.COM, INC. Account Number : I19990000221

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LIMITED LIABILITY COMPANY

Avalon Care Group Limited Liability Company

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME:

The name of the Limited Liability Company is:

Avalon Care Group Limited Liability Company

ARTICLE II: ADDRESS:

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

1918 Lodgepole Drive, Milton, FL 32583

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Gregory F. Stanley 1918 Lodgepole Drive, Milton, FL 32583

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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

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ARTICLE IV: MANAGEMENT (Check if applicable).

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

ARTICLE V: The initial member(s) of the Limited Liability Company is/are as follows:

Gregory F. Stanley 1918 Lodgepole Drive, Milton, FL 32583 Katherine K. Stanley 1918 Lodgepole Drive, Milton, FL 32583

Gregory F. Stanley, Member

Kathenne KStanley

Katherine K. Stanley, 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.)

Gregory F. Stanley, Member Katherine K. Stanley, Member

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