

Division of Corporations

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**LD3000031476**

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

**EFFECTIVE DATE**  
9-1-03

From: Account Name : LAW OFFICE OF JANET M. STRICKLAND, P.A.  
Account Number : I20030000089  
Phone : (386)763-5083  
Fax Number : (386)763-5085

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DIVISION OF CORPORATION  
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**LIMITED LIABILITY COMPANY**

Best Care of Central Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

*Handwritten signature/initials*

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ARTICLES OF ORGANIZATION  
OF  
BEST CARE OF CENTRAL FLORIDA, LLC

EFFECTIVE DATE  
01-03

The undersigned, acting as organizer of Best Care of Central Florida, LLC, under the Florida Limited Liability Company Act ("the Act"), adopts the following Articles of Organization for said limited liability company:

ARTICLE I  
NAME

The name of the limited liability company shall be Best Care of Central Florida, LLC ("the LLC").

ARTICLE II  
PERIOD OF DURATION

The period of duration shall commence on September 1, 2003, and shall be perpetual thereon, unless the LLC is sooner dissolved as provided by these Articles of Organization.

ARTICLE III  
PURPOSE

The LLC is organized pursuant to the Florida Limited Liability Company Act to conduct any lawful business, subject to any provisions of law governing or regulating such business within Florida, including the authority to hold, purchase, mortgage, lease and convey real and personal property in Florida. The LLC shall have the powers described in the Florida Limited Liability Company Act and as set forth in the LLC's Operating Agreement.

ARTICLE IV  
PRINCIPAL PLACE OF BUSINESS

The LLC's principal place of business in Florida and the mailing address for the LLC are both at the following address:

Best Care of Central Florida, LLC  
155 Lakeside West Drive  
Port Orange, FL 32128

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ARTICLE V  
REGISTERED AGENT AND OFFICE

The initial registered agent and the registered office is as follows:

John P. Feore, Sr.  
155 Lakeside West Drive  
Port Orange, FL 32128

ARTICLE VI  
MANAGEMENT

The LLC shall be managed by a manager or managers in accordance with the Operating Agreement of the LLC adopted by the members for the management of the business and affairs of the LLC. The Operating Agreement may contain any provisions for the management of the LLC not inconsistent with law or these Articles of Organization. The name and address of the initial manager of the LLC are:

John P. Feore, Sr.  
155 Lakeside West Drive  
Port Orange, FL 32128

ARTICLE VII  
OPERATING AGREEMENT

The Operating Agreement of the LLC shall be executed by each member of the LLC and shall set forth all provisions for the affairs of the LLC and the conduct of its business to the extent that such provisions are not inconsistent with law or these Articles.

ARTICLE VIII  
LIABILITY OF MANAGERS

The managers shall not be liable under a judgment, decree or order of the court, or in any other manner, for a debt, obligation or liability of the LLC.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 19<sup>th</sup> day of August, 2003.

  
John P. Feore, Sr., Member

FILED  
AUG 22 11 03 AM '03  
CLERK OF COUNTY  
OF ORANGE  
PORT ORANGE, FL  
32128

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**Certificate of Designation of Registered Agent and Registered Office**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered agent and registered office in the state of Florida.

- 1. The name of the limited liability company is: Best Care of Central Florida, LLC.
- 2. The name and the Florida street address of the registered agent is:

John P. Feore, Sr.  
 155 Lakeside West Drive  
 Port Orange, FL 32128

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.

  
 \_\_\_\_\_  
 John P. Feore, Sr.

8-19-03  
 \_\_\_\_\_  
 Date

03 AUG 22 AM 10:33  
 STATE OF FLORIDA  
 JAIL APPELLATE DIVISION