

Division of Corporations

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

From:
Account Name : JOHNNY TSIMOGIANNIS
Account Number : I19990000261
Phone : (305) 442-1028
Fax Number : (305) 442-2747

EFFECTIVE DATE
10-27-03

LIMITED LIABILITY COMPANY
LIFELINE FAMILY HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
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Department of State 10/27/2003 1:04 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 27, 2003

JOHNNY TSIMOGIANNIS

SUBJECT: LIFELINE FAMILY HOLDINGS LLC
REF: W03000031274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6025.

Trevor Brumbley
Document Specialist

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is **Lifeline Family Holdings LLC**

EFFECTIVE DATE

10-27-03

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company, with the privilege of having branch offices at any other place within the State and without the State is:

**999 Ponce de Leon Blvd., Suite 601
Coral Gables, Florida 33134**

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

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

**Johnny Tsimogiannis
999 Ponce de Leon Blvd, Suite 601
Coral Gables, Florida 33134**

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, Florida Statutes.




Johnny Tsimogiannis
Registered Agent

ARTICLE IV: MANAGEMENT

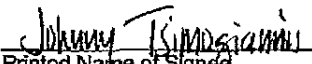
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V: EFFECTIVE DATE

These Articles of Organization shall be effective October 27, 2003, or the earliest date deemed acceptable by and upon the approval of the Secretary of State, State of Florida.



Signature of a Member or an Authorized Representative of a Member



Printed Name of Signer

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.

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