

L04000002110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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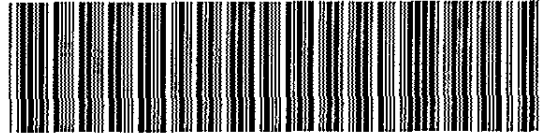
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CORPORATION SERVICE COMPANY"

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 387716 7233219

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 125.00

ORDER DATE : January 8, 2004

ORDER TIME : 11:42 AM

ORDER NO. : 387716-015

CUSTOMER NO: 7233219

CUSTOMER: Ms Sally Harris  
Home Quality Management, Inc.

Suite 155  
2401 Pga Boulevard  
Palm Beach Gard, FL 33410

DOMESTIC FILING

NAME: HQM OF PINELLAS PARK, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**OF**

**HQM OF PINELLAS PARK, LLC**

We, the undersigned, being the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

FILED  
04 JAN -8 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is:

HQM OF PINELLAS PARK, LLC

**ARTICLE II**  
**ADDRESS**

The mailing address and the principal office address is:

2401 PGA Boulevard, Suite 155  
Palm Beach Gardens, Florida 33410

**ARTICLE III**  
**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.


**ARTICLE IV**  
**MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Members and is, therefore, a member-managed company.

**ARTICLE V**  
**ADMISSION OF ADDITIONAL MEMBERS**

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned, the Members, have made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 8 day of January, 2004.

  
SANDRA ADAMS, Authorized Representative  
of the Members

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

HQM OF PINELLAS PARK, LLC

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

Sandra L. Adams  
2401 PGA Boulevard, Suite 155  
Palm Beach Gardens, Florida 33410

*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
Sandra L. Adams, Registered Agent