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LIMITED LIABILITY COMPANY

Home Staffing Eldercare Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Handwritten signature/initials

**ARTICLES OF ORGANIZATION
OF
Home Staffing Eldercare Services LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Home Staffing Eldercare Services LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: **3079 McCord Blvd., Tallahassee, Florida 32303.**

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: **Donna Sampson, 3079 McCord Blvd., Tallahassee, Florida 32303. Located in the County of Leon.**


ARTICLE IV DURATION

The duration for the limited liability company shall be: **12/31/2044.**

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Donna Sampson, 3079 McCord Blvd., Tallahassee, Florida 32303


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT #

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

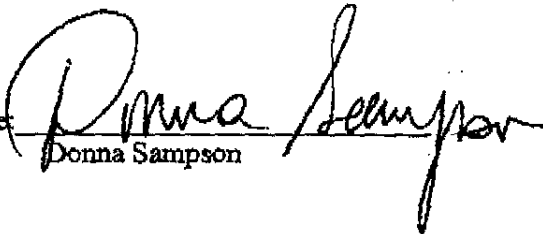
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Home Staffing Eldercare Services LLC**

The name and address of the registered agent and office is: Donna Sampson, 3079 McCord Blvd., Tallahassee, Florida 32303. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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


Donna Sampson

Date: March 9, 2004

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