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# TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: ASSETCARE of Naples, L.L.C.

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Scott R. Glivic 4001 Santa Barbara Boulevard Naples, Florida 34104

For further information concerning this matter, please call:

Scott R. Glivic at (239) 404-1328

# ARTICLES OF ORGANIZATION OF ASSETCARE OF NAPLES, L.L.C. A FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I**

#### NAME

The name of the Limited Liability Company is ASSETCARE of Naples, L.L.C.

#### **ARTICLE II**

The mailing address of the Limited Liability Company is:

4001 Santa Barbara Boulevard Naples, Florida 34104

The principle office address of the Limited Liability Company is:

4001 Santa Barbara Boulevard Naples, Florida 34104

# ARTICLE III

### REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Scott R. Glivic 4001 Santa Barbara Boulevard Naples, Florida 34104

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.

Scott R. Glivic

# ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S)	-	
Name & Address	 	<u>Title</u>
Scott R. Glivic 4001 Santa Barbara Boulevard		MGMBR

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.

Signature

Naples, Florida 34104

Scott R. Glivic

SECRE LARY OF STATE