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Division of Corporations

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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**Direct Support Security and Medical, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION  
OF  
Direct Support Security and Medical, LLC

The undersigned hereby forms a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I NAME

The name of the Company is Direct Support Security and Medical, LLC.

ARTICLE II ADDRESS

The address of the Company is 357 Benedictine Terrace, Sebastian, FL 32958.

ARTICLE III REGISTERED AGENT

The name and address of the Company's registered agent is

CT Corporation System  
c/o CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

ARTICLE IV MANAGEMENT

The Company is to be a manager-managed company.

IN WITNESS WHEREOF, these Articles of Organization have been executed this 4<sup>th</sup> day of May 2004.

By:

  
Jacob W. Crocker, Member

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# **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:

Direct Support Security and Medical, LLC

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

<u>CT Corporation System</u>	
(Name)	
<u>1200 S. Pine Island Rd.</u>	
Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE)	
<u>Plantation</u>	<u>33324</u>
<u>FL</u>	
City/State/Zip	

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*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, F.S..*

Connie Bryan

(Signature)

Connie Bryan, Special Asst. Secy.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)