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From: Account Name : MOORE & MENKHAUS, P.A.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

COMPREHENSIVE HOME CARE OF SOUTHWEST FLORIDA, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: **COMPREHENSIVE HOME CARE OF SOUTHWEST FLORIDA, LLC**

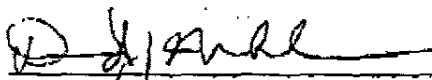
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 33920 US Highway 19 N, Suite 341, Palm Harbor, FL 34684.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are David J. Menkhaus, 1900 Glades Road, Suite 401, Boca Raton, FL 33431.

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..


(Signature)

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by its Board of Managers, and is, therefore, a manager-managed company.


David J. Menkhaus, Registered Agent

(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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