

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850) 205-0383

From: Account Name : FILING, INC.
Account Number : 072720000101
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LIMITED LIABILITY COMPANY
KELLY'S ANGELS ELDER CARE, L.L.C.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
KELLY'S ANGELS ELDER CARE, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be Kelly's Angels Elder Care, L.L.C. ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 5499 North Federal Highway, Suite B, Boca Raton, Florida 33487.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the State of Florida are Ian M. Berkowitz, 2385 Executive Center Drive, Suite 190, Boca Raton, Florida 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 obligations of my position as registered agent as provided for in Chapter 608, F.S.


Ian M. Berkowitz

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ARTICLE IV - MANAGEMENT

The company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Boca Raton, Florida, on August 26, 2004.

Kelly McDermott - President
Kelly McDermott

(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.)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me this 26 day of August, 2004, by Kelly McDermott, who is personally known to me OR _____ produced identification.

Type of identification produced: _____

Randi Lee Schellbach
Notary Public -- State of Florida
Randy Lee Schellbach
MY COMMISSION # 00100417 EXPIRES
October 28, 2006
BONDED \$10,000 BY THE STATE OF FLORIDA

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