

Sent By: RONAL

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Sep-5-01 1:18PM

Page

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RONALD CUTLER
Account Number : I20000000005
Phone : (904) 788-4480
Fax Number : (386) 788-6040

MJH

SEP 15 PM 12:14
TALLAHASSEE FLORIDA

04 SEP 15 PM 12:14

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LIMITED LIABILITY COMPANY

ALPHA HOME HEALTH CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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Corporate Filing

Public Access Help

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA HOME HEALTH CARE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5903 Caymus Loop

Windermere, FL 34786

Mailing Address:

5903 Caymus Loop

Windermere, FL 34786

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

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

RONALD CUTLER

Name

1172 PELICAN BAY DRIVE

Florida street address (P.O. Box NOT acceptable)

DAYTONA BEACH

FLORIDA 32119

City, State, and Zip

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.



Registered Agent's Signature

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

TERRENCE J. FINES

5903 Caymus Loop

Windermere, FL 34786

MGRM

ABIGAIL C. FINES

5903 Caymus Loop

Windermere, FL 34786

MGRM

ADALAINE FINES

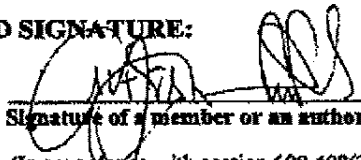
5903 Caymus Loop

Windermere, FL 34786

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

ABIGAIL C. FINES

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)