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(((H040002555183)))

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Phone : (516)935-3940

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VISION OF CORPORATIO

LIMITED LIABILITY COMPANY

Rich's Total Care Taking LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR

FLO	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name The name of the Limited Liability Commit	yis: Rich's Total Care Taking LLC
	ys. Iden's Iour Care landing DLC
ARTICLE II - Address	
The mailing address and street address of	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6069 Manasota Kev Road	6069 Manasota Key Road
Englewood, FL 34223	Englewood, FL 34223
ADTICUE III Desistant A man	Provintenci Office & Domistand Acousta Signature
<u> </u>	, Registered Office & Registered Agent's Signature
ARTICLE III - Registered Ages The name and Florida street address of the	
<u> </u>	registered agent are:
<u> </u>	registered agent are: Laura A. Plum CPA
<u> </u>	registered agent are: Laura A. Plum CPA Name
<u> </u>	Laura A. Plum CPA Name 1800 2nd Street, Suite 745
<u> </u>	Name 1800 2nd Street, Suite 745 (P.O. Box or Mail Drop Box NOT Acceptable)
The name and Florida street address of the name and Florida street address of the Having been named as registered agent at the place designated in this certifical capacity. I further agree to comply with	Name 1800 2nd Street, Suite 745 (F.O. Box or Mail Drop Box NOT Acceptable) Sarasota, FL 34236 (City / State / Zip) and to accept service of process for the above stated limited liability compane, I hereby accept the appointment as registered agent and agree to act in this the provisions of all statutes relating to the proper and complete performance.
The name and Florida street address of the name and Florida street address of the Having been named as registered agent at the place designated in this certifical capacity. I further agree to comply with	Name 1800 2nd Street, Suite 745 (P.O. Box or Mail Drop Box NOT Acceptable) Sarasota, FL 34236 (City / State / Zip) and to accept service of process for the above stated limited liability companee, I hereby accept the appointment as registered agent and agree to act in this

H04000255518

ARTICLETY - Manager(s) or The name and address of each Mana	ger or Managing Member is as follows:
Title: "MGR"=Manager "MGRM"=Managing Member	Name and Address:
MGR	Richard LaGrego- 6069 Manasota Key Road, Englewood, FL 34223
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Signature	of a member or authorized representative of a member.
	ce with section 608.408(3), Florida Statutes, the execution of this astitutes an affirmation under the penalties of perjury that the facts are true.)
	Richard LaGrego
	Typed or printed name of signee

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