Electronic Articles of Organization
For
Florida Limited Liability Company

L05000036793
FILED 8:00 AM
April 14, 2005
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

TIVOLI HOME HEALTH AIDE CARE LLC

Article II

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

5509 BLUE JACK OAK CIRCLE
TAMARAC, FL. US 33319

The mailing address of the Limited Liability Company is:

5509 BLUE JACK OAK CIRCLE
TAMARAC, FL. US 33319

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

NORMA M LOWTON
5509 BLUE JACK OAK CIRCLE
TAMARAC, FL. 33319

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.

Registered Agent Signature: NORMA M LOWTON

Article V

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The name and address of managing members/managers are:

Title: MGR
NORMA M LOWTON
5509 BLUE JACK OAK CIRCLE
TAMARAC, FL. 33319 US

Signature of member or an authorized representative of a member

Signature: NORMA LOWTON