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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011
Phone : (800) 603-2533
Fax Number : (800) 398-0461 800-398-0461

LIMITED LIABILITY COMPANY

HOME CHOICE ELDER CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

05 MAY 11 PM 1:16
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 11 AM 8:46

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOME CHOICE ELDER CARE LLC**ARTICLE II - Address:**

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

Principal Office Address:8875 HIDDEN RIVER PKWY #300
TAMPA, FL 33637**Mailing Address:**8875 HIDDEN RIVER PKWY #300
TAMPA, FL 33637**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

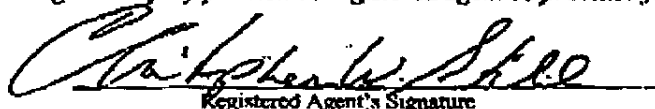
CHRISTOPHER W. STILL

Name

8875 HIDDEN RIVER PKWY #300Florida street address (P.O. Box NOT acceptable)TAMPA, FL 33637

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, F.S..


Registered Agent's Signature

(CONTINUED)

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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:MGRMCHRISTOPHER W. STILL8875 HIDDEN RIVER PKWY #300TAMPA, FL 33637MGRMLAURIE L. STILL8875 HIDDEN RIVER PKWY #300TAMPA, FL 33637

(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.)

DAVID L. SURINA, ORGANIZER

Typed or printed name of signee

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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