

Division of Corporations

April 16, 2011

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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY  
PRIORITY HOME HEALTH AGENCY, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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EFFECTIVE DATE  
07/13/05

3p

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

PRIORITY HOME HEALTH AGENCY, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

4501 Palm Avenue  
Suite 106  
Hialeah, FL 33012

**Mailing Address:**

4501 Palm Avenue  
Suite 106  
Hialeah, FL 33012

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent:

Alexander Pena  
4501 Palm Avenue  
Suite 106  
Hialeah, FL 33012

*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

**EFFECTIVE DATE**

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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:**

MGRM

Alexander Pena  
12180 SW 184 Street  
Miami, FL 33177

MGR

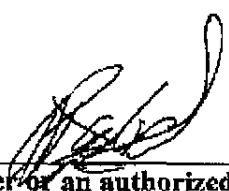
Cesar E. Gonzalez  
16224 SW 55 Terrace  
Miami, FL 33185

**ARTICLE V – Effective Date:**

The effective date of the Limited Liability Company is:

May 13, 2005

**REQUIRED SIGNATURE:**



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

(In accordance with Section 608.408(3), Florida Statutes, and the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Alexander Pena

Typed or Printed Name of Signee

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