

L05000071814

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TALLAHASSEE, FLORIDA

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Sully

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Life Home Health Care
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shauna McDaniel / Angela McMillan
(Name of Person)

New Life Home Health Care
(Firm/Company)

1815 W. 15th Street Suite #8
(Address)

Panama City, FL 32405
(City, State and Zip Code)

For further information concerning this matter, please call:

Angela McMillan at (850) 258-1715
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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July 16, 2005

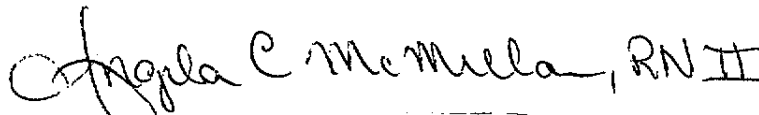
To: Division of Corporations
ATTN: Diane Cushing
409 East Gaines Street
Tallahassee, Florida 32399

From: Angela McMillan, RN Administrator
c/o New Life Home Health Care, LLC
1815 West 15th Street
Suite #8
Panama City, Florida 32405

Reference # W05000027444
Ms. Cushing,

This is the fourth time that we are sending in this form for Certification of Organization to your office. I have yet to receive the official forms back. If you are still having a problem processing this for any reason, please call me directly before rejecting this application again. My direct line is (850) 258-1715

Sincerely,

A handwritten signature in black ink that reads "Angela C. McMillan, RN II". The signature is written in a cursive style with a large initial 'A'.

Angela McMillan, RN II
Administrator



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 3, 2005

SHAWNA MCDANIEL
NEW LIFE HOME HEALTH CARE
1815 W 15TH STREET, SUITE #8
PANAMA CITY, FL 32405

SUBJECT: NEW LIFE HOME HEALTH CARE
Ref. Number: W05000027717

We have received your document for NEW LIFE HOME HEALTH CARE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 205A00039547

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Life 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:

1815 West 15th Street Suite #8
Panama City, FL 32401

Mailing Address:

same

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

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

Shauna McDaniel ^{and} Angela McMillan

Name

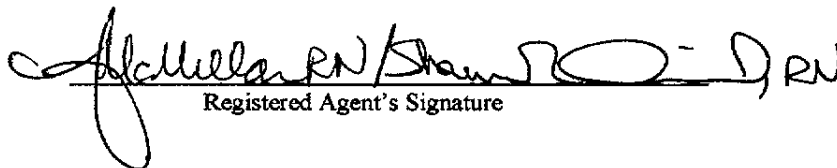
1815 West 15th Street Suite #8

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

Panama City, FL 32401

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

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(CONTINUED)

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

Angela McMillan

2116 East Baldwin Rd.

Panama City, FL 32405

MGRM

Shauna McDaniel

227 South Glades Trail

Panama City Beach, FL 32407

(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.)

Shauna McDaniel/ Angela McMillan

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)