Division of Communitions

BARRON AND REDDING LAW F1 850-785-2889

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Division of Corporations

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from:

Account Name : BARRON, REDDING, HUCHES, FITE, BASSETT & FENSOM, P.A.

Account Number: 073617000710 Phone: (850)785-7454 Fax Number: (850)785-2999

> LOS 105505 LIMITED LIABILITY COMPANY

TOTAL HOME HEALTH CARE, LLC

Certificate of Status	1
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Fax Audit No. 11050002520763

ARTICLES OF ORGANIZATION

OF

TOTAL HOME HEALTH CARE, LLC

Pursuant to the provisions of Chapter 608, Florida Statutes, 2005, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is TOTAL HOME HEALTH CARE, LLC.

ARTICLE II - DURATION

The Company shall exist perpetually.

ARTICLE III - PURPOSE

The Company is organized to carry on home medical care and any other business authorized by the State of Florida.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The mailing address and the street address of the principal office of the Company is 310 West 5th Street, Panama City, Florida 32401.

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent of the Company is Georgia Pierson, 1703 East 9th Street, Panama City, Florida 32401.

ARTICLE VI - MEMBERSHIP

The Members may permit the admission of Additional Members, upon the unarring consent of all Members of the Company.

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ARTICLE VII - CONTINUATION OF BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

ARTICLE VIII - MANAGEMENT

The Company shall be member managed.

ARTICLE VIII - MANAGING MEMBER

The name and address of the managing member is Judy L. Stanley, 1409 Stonebridge Drive, Gretna, Louisiana 70056.

Georgia Pierson

STATE OF FLORIDA COUNTY OF BAY

The foregoing instrument was acknowledged before me this $\frac{27.16}{27.16}$ day of October, 2005, by Georgia Pierson, as authorized representative of a member of TOTAL HOME I LEALTH CARE, LLC, a Florida limited liability company, who is personally known to me or had provided $\frac{1}{27.16}$ as identification.

(SEAL)

(Print Name)

Notary Public

KAREN BROWN ADAMS
Notary Public, State of Florida
My comm. expires Sept. 28, 2008
Comm No. DD 358694

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STATEMENT OF ACCEPTANCE AND DESIGNATION OF REGISTERED AGENT OF TOTAL HOME HEALTH CARE, LLC

STATE OF FLORIDA COUNTY OF BAY

Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is TOTAL HOME HEALTH CARE, LLC.

The name of the registered agent for TOTAL HOME HEALTH CARE, LLC, is Georgia Pierson, and the street address of the agent is 1703 East 9th Street, Panama City, Florida 32401.

This statement is to acknowledge that, as indicated above, TOTAL HOME HEALTH CARE, LLC, has appointed me, Georgia Pierson, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this 27 day of October, 2005.

Georgia Pierson

Registered Agent

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The foregoing instrument was acknowledged before me this _____ day of October, 2005, by Georgia Picrson, agent on behalf of TOTAL HOME HEALTH CARE, LLC, a limited liability company who is personally known to me.

(SEAL)

Notary Public

(Print Nume)

