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NAME OF THE PROPERTY OF THE PROPERTY

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TRANSMITTAL LETTER

Department of State	
Division of Corporations	*
P.O. Box 6327	
Tallahassee, FL 32314	-
SUBJECT: Comptech Care LLC:	2006 F
(Proposed limited liability company name - must include suffix)	区田田
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	SER
Enclosed is an original and one (1) copy.	FEOR TO
Filing fee for articles of organization of Florida Limited Liability Company:	ADA LUKO

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent

FROM:

Name (Printed or typed)

Address

Address

City, State & Zip

Daytime Telephone number

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

CompTech Care

#G04337700085

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

A. Date: 2/21/2006

B. Jurisdiction: Florida

C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion:

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

CompTech Care LLC

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 constitute affirmation under the penalties of perjury that the facts stated herein are true.)

Dale Mater

Typed or Printed Name of Signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Filing Fee for Registered Agent Designation \$25.00 Filing Fee for Certificate of Conversion \$30.00 Certified Copy (optional) \$5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

INHS11(10/99)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CompTech Care LLC

ARTICLE II - Address:

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

8519 Chatham St., Fort Myers, FL 33907

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

The name and the Florida street address of the registered agent are (P.O. Box not acceptable):

Dale Mater, 8519 Chatham St., Fort Myers, FL 33907

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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more manage therefore, a manager - managed company	ers an	d is,
(An additional article must be added if an effective date is requested)	2006 1	
Signature of a member of an authorized representative of a member.	FEB 27	
(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.)	PM 1:51	EO

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)