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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Total Senior Health Care Mobile Physician Services, LLC

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS		
	Profit	
	Non Profit	
X	Limited Liability	
	Domestication	
	Other	

AMENDMENTS		
	Amendment	
	Resignation of RA Officer/Director	
	Change of Registered Agent	
	Dissolution/Withdrawal	
	Merger	

OTHER FILINGS		
	Annual Reports	
	Fictitious Name	
	Name Reservation	
	Reinstatement	

REGISTRATION/QUALIFICATION		
	Foreign	
	Limited Liability	
	Reinstatement	
	Trademark	
	Other	

**ARTICLES OF ORGANIZATION
OF
TOTAL SENIOR HEALTH CARE
MOBILE PHYSICIAN SERVICES, LLC**

The undersigned organizer hereby forms a Limited Liability Company under Chapter 608 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the Limited Liability Company ("Company") shall be **Total Senior Health Care Mobile Physician Services, LLC.**

ARTICLE II. PRINCIPAL PLACE OF BUSINESS

The address of the principal place of business of this Company shall be **3368 Woods Edge Circle, Suite 102, Bonita Springs, Florida 34134**, and the mailing address of the Company shall be **18 Woodside Drive, Suite 108, New City, New York 10956.**

ARTICLE III. TERM OF EXISTENCE

This Company shall commence its existence on the date these Articles are filed, pursuant to Florida Statutes Section 608.409; and shall exist until dissolved in a manner provided by law or as provided in the operating agreement adopted by the members.

ARTICLE IV. NATURE OF BUSINESS

This Company may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE V. MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company pursuant to Florida Statutes Section 608.422. The name and address of the initial manager is as follows:

**Total Senior Health Care, LLC
3368 Woods Edge Circle, Suite 102
Bonita Springs, Florida 34134**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI. INITIAL REGISTERED OFFICE AND REGISTERED AGENT


1. The name of the initial registered agent of the Company is Jeff M. Novatt, Esquire.
2. The street address of the initial registered office of the Company shall be CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP, 821 Fifth Avenue South, Suite 201, Naples, Florida 34102. The mailing address shall be CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP, 821 Fifth Avenue South, Suite 201, Naples, Florida 34102.

ARTICLE VII. ORGANIZER

The name and street address of the Organizer to these Articles of Organization is:

Jeff M. Novatt, Esq.
Cheffy, Passidomo, Wilson & Johnson
821 Fifth Avenue South, Suite 201
Naples, Florida 34102

IN WITNESS WHEREOF, the undersigned has hereunto set his hands on this 24th day of March, 2006.




Jeff M. Novatt, Esq.
Authorized Representative

ACCEPTANCE

I agree, as Registered Agent, to accept service of process; to keep my office open during prescribed hours; to post my name (and any other officers of said limited liability company authorized to accept service of process at the above Florida designated address) in some conspicuous place in my office as required by law. I am familiar with and accept the obligations of my position as registered agent.

WITNESS my hand this 24th day of March, 2006, in the City of Naples, State of Florida.



Jeff M. Novatt, Esq.
Registered Agent