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Division of Corporations Public Access System

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247 Phone

: (800)494-3124

Fax Number

: (305)675-2811

ORIDA/FOREIGN LIMITED LIABILITY CO.

Coastal Oaks Homecare Services LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED 12: 18 TALLAHASSEE, FLORIDA LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

COASTAL OAKS HOMECARE SERVICES LLC

ARTICLE II: Address

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

5111 S RIDGEWOOD AVENUE, SUITE 202 PORT ORANGE, FLORIDA 32127

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

COLIN YATES 5111 S RIDGEWOOD AVE, SUITE 202 PORT ORANGE, FLORIDA 32127

Having been named as registered agent 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.

COLIN YATES / REGISTERED AGENTS SIGNATURE

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COASTAL OAKS HOMECARE SERVICES LLC

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

COLIN YATES
5111 S RIDGEWOOD AVE, SUITE 202
PORT ORANGE, FLORIDA 32127

MANAGING MEMBER:

SANDRA YATES 5111 S RIDGEWOOD AVE, SUITE 202 PORT ORANGE, FLORIDA 32127

MANAGING MEMBER:

SHAHNTAY DUCKWORTH 5111 S RIDGEWOOD AVE, SUITE 202 PORT ORANGE, FLORIDA 32127

Signature of a member of 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;)

COLIN YATES

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