

L06000059603

(Requestor's Name)

Care Connected LLC  
16 Tokyns Dr.  
O.B. FL 32174

(City/State/Zip/Phone #)

☐

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**ARTICLES OF ORGANIZATION**

**OF**

**CARE CONNECTED, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I**

**Name**

The name of the Limited Liability Company is **Care Connected, LLC**

**ARTICLE II**

**Address**

The street address and the mailing address of the principal office of the Company is **555 W. Granada, Suite D-5, Ormond Beach, Florida 32174.**  
**GRANADA V<sup>2</sup>**  
**BLVD.**

**ARTICLE III**

**Registered Office and Agent**

The name and Florida street address of the registered agent is **Vince Kinsler,**  
**16 Jolynn Drive, Ormond Beach, FL 32174.**

**ARTICLE IV**

**Management**

This Company is to be a manager-managed company.

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In witness whereof, the undersigned Authorized Representative has  
executed these Articles of Organization on this 2<sup>nd</sup> day of June, 2006.

Vince Kinsler

Vince Kinsler  
Authorized Representative

State of Florida  
County of Volusia

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of May,  
2006 by **Vince Kinsler**, who presented a Florida drivers license as identification, and  
who did not take an oath.



**Kristen L. Powell**  
Commission # DD456574  
Expires August 1, 2009  
Bonded Troy Pain - Insurance, Inc. 800-385-7019

Kristen L. Powell

Notary Public

Kristen L. Powell

(Printed Name)

My Commission Expires : Aug 1, 2009

(In accordance with Section 608.408(2), Florida Statutes, the execution of this  
document constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

#### ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the  
above stated Limited Liability Company at the place designated in the above  
Articles of Organization, I hereby accept the appointment as registered agent  
and 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 provided in Chapter 608, Florida Statutes.

Vince Kinsler

Vince Kinsler  
Registered Agent

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