

LOG000073453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

[Handwritten signature]

Office Use Only



700077312127

FILED

06 JUL 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 JUL 25 AM 10:33
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 263970 5030952

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
06 JUL 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 25, 2006

ORDER TIME : 9:04 AM

ORDER NO. : 263970-005

CUSTOMER NO: 5030952

DOMESTIC FILING

NAME: ANKOD HEALTH CARE SERVICES
OF WEST PALM BEACH, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
ANKOD HEALTH CARE SERVICES OF WEST PALM BEACH, LLC**

FILED
06 JUL 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I.

Name

The name of the limited liability company (the "Company") is:

ANKOD HEALTH CARE SERVICES OF WEST PALM BEACH, LLC

ARTICLE II.

Mailing and Street Address

The mailing address and street address of the Company is 8241 N.W. 52nd Court, Lauderhill, Florida 33351.

ARTICLE III.

Registered Agent

The name and street address of the initial registered agent of the Company for service of process in the State of Florida is MARGARETTE OCCENAD, 8241 N.W. 52nd Court, Lauderhill, Florida 33351.

ARTICLE IV.

Management

Subject to the rights of the Members of the Company concerning the election or removal of a Manager or Managers, or a Managing Member or Managing Members, as set forth in the Operating Agreement of the Company, if any, the day-to-day management of the Company is reserved to the Manager(s) whose name and address is as follows:

MARGARETTE OCCENAD
8241 N.W. 52nd Court
Lauderhill, Florida 33351

JOANN ARGENTIERI
8241 N.W. 52nd Court
Lauderhill, Florida 33351

ANDY OCCENAD
8241 N.W. 52nd Court
Lauderhill, Florida 33351

ARTICLE V.
Subscriber

The name and address of the person executing these Articles of Organization as a Member of the Company, is MARGARETTE OCCENAD, 8241 N.W. 52nd Court, Lauderhill, Florida 33351. Said person shall not be liable, in any form or fashion, for any acts or omissions of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 18th day of July, 2006.


MARGARETTE OCCENAD

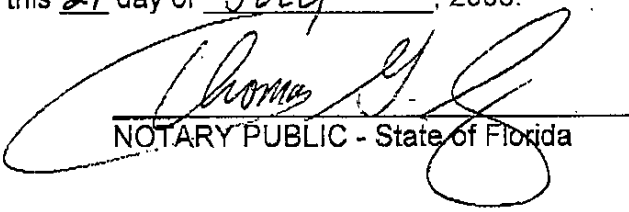
STATE OF FLORIDA)

COUNTY OF BROWARD)

:ss

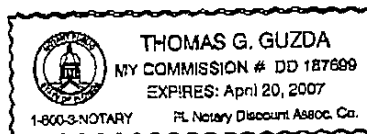
BEFORE ME, a Notary Public authorized in the County and State set forth above, personally appeared MARGARETTE OCCENAD, personally known to me, or who has produced _____ as identification, to be the person who, as a Member of the Company, executed the foregoing Articles of Organization of ANKOD HEALTH CARE SERVICES OF WEST PALM BEACH, LLC, and acknowledged before me that she executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State last aforesaid, this 21 day of July, 2006.


NOTARY PUBLIC - State of Florida

Name of Notary - Please Print

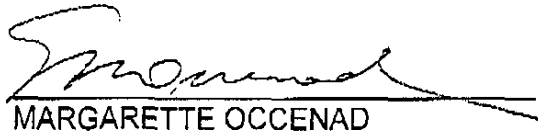
My Commission Expires:



ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE III OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT IT IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 18TH DAY OF JULY, 2006.



MARGARETTE OCCENAD