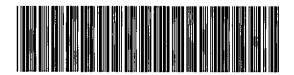
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•	Office Use Only WBER(S), (if known):	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

A-1 CARE CONSULTANTS LLC

ARTICLE II - Address:

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

8911 N.W. 145 Lane Miami Lakes Florida 33018

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

The name and the Florida street address of the Registered Agent are:

ALICIA RODRIGUEZ

Name

8911 N.W. 145 Lane

Florida street address (P O Box NOT Acceptable)

Miami Lakes Florida 33018

City, State, and Zip Code

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.

egistered Agent's Signa

alicia rodriquez

ARTICLE IV - Members:

ALICIA RODRIGUEZ 8911 N.W. 145 Lane Miami Lakes Florida 33018

ARTICLE V - Date:

This Articles of Florida Limited Liability Company to be effective this 21 day of December of 2006.

Signature of Member

(In accordande with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts states herein are true.)

ALICIA RODRIGUEZ/

Typed or printed name of signee
ALICIA RODRIGUEZ