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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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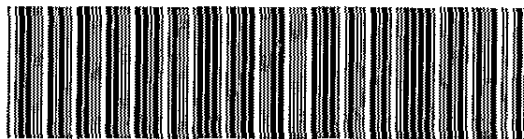
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. O'Connell FEB 13 2007

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTINUING CARE RESPITE, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert K. Williams

Continuing Care Respite, LLC

3191 Shoal Line Boulevard

Hernando Beach, Florida 34607

For further information concerning this matter, please call:

Antonina Vaznelis at (352) 597-7363

Padgett, Vaznelis & Associates, LLC

7127 Mariner Boulevard

Spring Hill, Florida 34609

Enclosed is a check for the following:

\$155.00 Filing Fee & Certified Copy

Mailing Address

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CONTINUING CARE RESPITE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONTINUING CARE RESPITE, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3191 Shoal Line Boulevard

Hernando Beach, Florida 34607

3191 Shoal Line Boulevard

Hernando Beach, Florida 34607

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

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

Antonina Vaznelis, Esquire

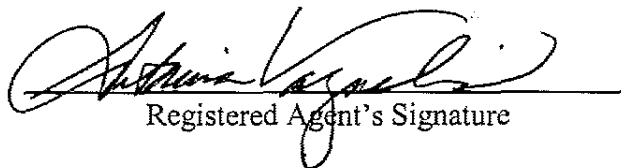
Padgett, Vaznelis & Associates, LLC

7127 Mariner Boulevard

Spring Hill, Florida 34609

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TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Managing Member

Name and Address:

Robert K. Williams

3191 Shoal Line Boulevard

Hernando Beach, Florida 34607

ARTICLE V - Purpose:

To provide respite care services and any other legal purposes.

ARTICLE VI - Effective date:

The date of filing.

REQUIRED SIGNATURE:

Robert K. Williams

Signature of Managing 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.)

Robert K. Williams

Typed or printed name of signee

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