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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 MAY 30

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-59	73
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:
The Name of the Limited Liability Company is:

Community Family Care, LLC.



ARTICLE II - Address :

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

600 NW 35th AVENUE Suite 100 MIAMI, Florida 33125

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

The name and the Florida Street Address of the registered agent are:

Mario Pulgar

Name

600 NW 35th AVENUE Ste 100 Address Not Acceptable P.O.Box

__MIAMI , Florida 33125 ____ City , State and Zip. 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..

Registerd Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

__The Limited Liability Company is to be managed by one manager or more managers and is, Therefore, a manager - managed company.

Member - Manager - Julio C. Alfonso Member - Manager - Mario Pulgar

Member-Director - Richard Scheurich

Member -Director - Arianna Torrejon

(An additional article must be added if an effective date is requested)

Signature of member or 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.

Mario Pulgar

Typed or printed name of signee