

LD7000068945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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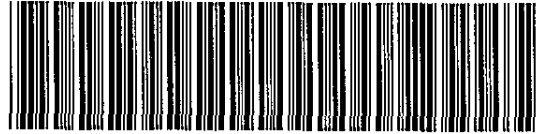
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(Document Number)

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arts

1. Comforts of Home Adult Care Services, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
COMFORTS OF HOME ADULT
CARE SERVICES, LLC**

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ARTICLE I. NAME.

The name of this limited liability company is: COMFORTS OF HOME ADULT CARE SERVICES, LLC.

ARTICLE II. PRINCIPAL OFFICE.

The principal place of business and mailing address of this limited liability company is: 1421 Aguacate Court, Orlando, Florida 32837.

ARTICLE III. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent is: Maria Rosario Justina S. Dizon, 1421 Aguacate Court, Orlando, Florida 32837.

ARTICLE IV. MANAGEMENT.

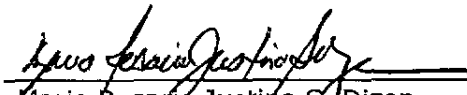
The limited liability company is to be a member-managed company. The members of this limited liability company are: Maria Rosario Justina S. Dizon, 1421 Aguacate Court, Orlando, Florida 32837, Mildred Arenas, 2849 Longleaf Court, Kissimmee, Florida 34746, Rhea Laarni B. Mutuc, 3500 Forest Park Drive, Kissimmee, Florida 34746 and Emily B. Yu, 1421 Aguacate Court, Orlando, Florida 32837.

The undersigned has executed these Articles of Organization on the 29th day of June, 2007.


Maria Rosario Justina S. Dizon

Acceptance by Resident Agent

Having been named as registered agent and designated to accept service of process for the above limited liability company, 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.


Maria Rosario Justina S. Dizon