

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000085098  
FILED 8:00 AM  
August 20, 2007  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:

COMPLETE HOME CARE OF CENTRAL FLORIDA,"LLC"

**Article II**

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

443 MONTANA AVE  
SAINT CLOUD, FL. 34769

The mailing address of the Limited Liability Company is:

443 MONTANA AVE  
SAINT CLOUD, FL. 34769

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

ARTHUR J MARTIN JAMES  
2440 CHEROKEE ROAD  
SAINT CLOUD, FL. 34772

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.

Registered Agent Signature: ARTHUR MARTIN

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
ARTHUR J MARTIN JAMES  
2440 CHEROKEE ROAD  
SAINT CLOUD, FL. 34772

Title: MGRM  
KAREN KILLETTE FAITH  
443 MONTANA AVE  
SAINT CLOUD, FL. 34472

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### **Article VI**

The effective date for this Limited Liability Company shall be:

08/21/2007

Signature of member or an authorized representative of a member

Signature: ARTHUR MARTIN