

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

L08000018768  
FILED 8:00 AM  
February 21, 2008  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:

FIRST CARE INSTITUTION, LLC

**Article II**

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

2040 NE 163RD.

#303

NORTH MIAMI BEACH, FL. 33162

The mailing address of the Limited Liability Company is:

P.O BOX 640342

MIAMI, FL. 33164

**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:

CLAUDIA MCLEAN

2040 NE 163RD. STREET

303

NORTH MIAMI BEACH, FL. 33162

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: CLAUDIA MCLEAN

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
LISIA MCLEAN P  
P.O BOX 640342  
MIAMI, FL. 33164

Title: MGR  
CLAUDIA MCLEAN VP  
P.O BOX 640342  
MIAMI, FL. 33164

Title: MGR  
DIANA MCLEAN ST  
P.O BOX 640342  
MIAMI, FL. 33164

### **Article VI**

The effective date for this Limited Liability Company shall be:

02/20/2008

Signature of member or an authorized representative of a member

Signature: CLAUDIA MCLEAN

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