

L080000022414

(Requestor's Name)

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☐ PICK-UP

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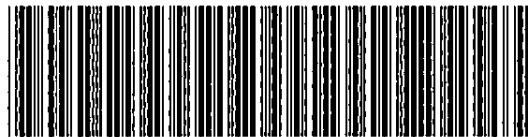
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

B. KOHR

MAR 4 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 466642 134074A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

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08 MAR -3 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 29, 2008

ORDER TIME : 11:22 AM

ORDER NO. : 466642-005

CUSTOMER NO: 134074A

DOMESTIC FILING

NAME: CARE PARTNERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

RESUBMIT

February 29, 2008

CINDY HARRIS
CSC
TALLAHASSEE, FL

SUBJECT: CARE PARTNERS, LLC
Ref. Number: W08000010778

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CARE PARTNERS, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 408A00012848

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DIVISION OF CORPORATIONS
2008 MAR -3 PM 12:41
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

OF

CARE ASSOCIATES, LLC

ARTICLE I - Name

The name of the Limited Liability Company is CARE ASSOCIATES, LLC (hereinafter the "Company").

ARTICLE II - Address

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

19190 Fox Landing Drive
Boca Raton, Florida 33434

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the Managing Member and the name and address of the Managing Member and Member is as follows:

Greg F. Bellomy
19190 Fox Landing Drive
Boca Raton, Florida 33434

ARTICLE V - Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be governed by the operating agreement adopted by all members.

ARTICLE VI - Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be governed by the operating agreement adopted by all members.

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TALLAHASSEE, FLORIDA

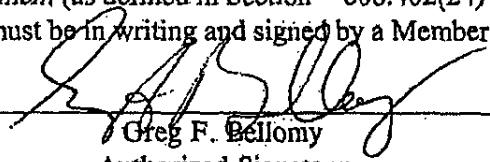
Pursuant to Section 608.424 of the Florida Limited Liability Company Act, (hereinafter the "Act") no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

ARTICLE VIII - Indemnification

The Company shall indemnify, and advance expenses to, to the fullest extent authorized or permitted by the Act, any person made, or threatened to be made, a party to any action, suit or proceeding by reason of the fact that he is or was a managing member of the Company or is or was serving at the request of the Company as a member, director or officer of another corporation or limited liability company. Unless otherwise expressly prohibited by the Act, and except as otherwise provided in the foregoing sentence, the members of the Company shall have the sole and exclusive discretion, on such terms and conditions as it shall determine, to indemnify, or advance expenses to, any person made, or threatened to be made, a party to any action, suit, or proceeding by reason of the fact that he is or was an employee or agent of the Company, or is or was serving at the request of the Company as an employee or agent of another limited liability company, corporation, partnership, joint venture, trust or other enterprise. Except for any person who is or was a managing member of the Company, or any person who is or was serving at the request of the Company as a director or officer or member of another company, corporation, no employee or agent of the Company may apply for indemnification or advancement of expenses to any court of competent jurisdiction.

ARTICLE IX - Operating Agreement

Any Operating Agreement (as defined in Section 608.402(24) of the Act, relating to this Limited Liability Company must be in writing and signed by a Member.



Greg F. Bellomy
Authorized Signatory

Signature of a member or authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

CARE ASSOCIATES, LLC

2. The name and address of the registered agent and office is:

SLPA, INC.
201 N.E. FIRST AVENUE
DELRAY BEACH, FLORIDA 33444
Telephone 561-330-0660
Facsimile 561-330-0610

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.

SLPA, INC., a Florida corporation

By: _____

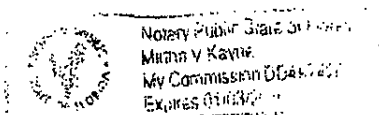
Robert S. Saraga, Vice President

February 28, 2008
Date

STATE OF FLORIDA }
 } ss
COUNTY OF PALM BEACH }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ROBERT S. SARAGA, as Vice-President of SLPA, Inc., a Florida corporation, on behalf of the corporation (x) who is personally known to me () or who did furnish a Florida Driver's License for identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 28th day of February, 2008.



Michael V. Kayne
NOTARY PUBLIC