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# Joseph Indelicato, P.A.

A PROFESSIONAL ASSOCIATION

JOSEPH INDELICATO

Attorney at law

KATHLEEN INDELICATO

Legal Assistant

March 3, 2008

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Access Care Home Health, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization regarding the above Limited Liability Company.

Enclosed you will find a check in the amount of \$125.00 to cover the filing fee, together with an additional \$30.00 for a certified copy, for a total of \$155.00.

Should you need any further information, documentation, or there are additional fees, please contact my office at our toll free number of 800-642-1465.

Thank you for your assistance in this matter.

Sincerely,

JOSEPH INDELICATO, ESQ.

Jl/ki

Enc.

Xc: Jan Lomanta

Mae Fe Delalamn

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Reply to:

[X] 202 A South Apopka Avenue  
Inverness, Florida 34452

352/344-1443  
352/344-9262 fax

e-mail: [jpa4@tampabay.rr.com](mailto:jpa4@tampabay.rr.com)

| 324 Shopping Center Drive  
Wildwood, Florida 34785

352/330-0013  
352/330-0020 fax

ARTICLES OF ORGANIZATION FOR  
ACCESS CARE HOME HEALTH, LLC

**ARTICLE I. NAME**

The name of the Limited Liability Company is ACCESS CARE HOME HEALTH, LLC.

**ARTICLE II. PRINCIPAL OFFICE**

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

943 US Hwy 41 South  
Inverness, Florida 34450

The mailing address of the Limited Liability Company is:

943 US Hwy 41 South  
Inverness, Florida 34450

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**ARTICLE III. PURPOSE**

The Limited Liability Company is formed to provide health care services for the homebound, and for the purpose of transacting any and all other lawful business.

**ARTICLE IV. TERM OF EXISTENCE**

The Limited Liability Company shall have perpetual existence starting on the date these articles of organization are filed by the Florida Department of State.


**ARTICLE VI. REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent of this Limited Liability Company are:

MAE FE DELALAMON  
205 Daffodil Street  
Inverness, Florida 34452

### **Certificate of Acceptance of Registered Agent**

*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.*

  
MAE FE DELALAMON  
Registered Agent  
Dated: 3-3-08

### **ARTICLE VII. MANAGERS OR MANAGING MEMBERS**

The names and addresses of the managing members/managers are:

Jan Lomanta  
1882 N. BettyPoint  
Lecanto, Florida 34461

Mae Fe Delalamon  
205 Daffodil Street  
Inverness, Florida 34452

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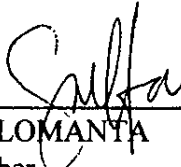
### **ARTICLE VIII. LIMITED LIABILITY**

Except as and to the extent the Regulations specifically provide otherwise, a member, or agent of the member, shall not be liable for debts, obligations or liabilities of the Limited Liability Company including under a judgment, decree or order of a court. Any repeal or modification of this Article or the Regulations shall be prospective only, and shall not adversely affect any limitation of the personal liability of a member or agent of the member of the Limited Liability Company at the time of the repeal or modification

### **ARTICLE IX. AMENDMENT**

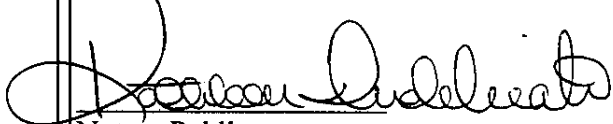
The Limited Liability Company reserves the right to amend or repeal any provisions in these articles of incorporation in the manner provided by law. Any right conferred on the shareholders

IN WITNESS WHEREOF, the undersigned members executed these articles of incorporation on February , 2008.

  
\_\_\_\_\_  
JAN LOMANTA  
Member

  
\_\_\_\_\_  
MAE FE DELALAMON  
Member

Sworn to and subscribed before me this 3<sup>rd</sup> Day of  
~~February~~, 2008, by JAN LOMANTA who produced  
~~March~~ FDL As identification and MAE  
FE DELALAMON, who produced FDL  
as identification.

  
\_\_\_\_\_  
Notary Public  
State of Florida

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