

MAY-12-2008

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

CareCk, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

08 MAY 12 AM 6:37

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

H08000127497 3

**ARTICLES OF ORGANIZATION  
CARECK, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is CareCk, LLC.

**ARTICLE II - Address:**

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

101 E. Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 12 day of May 2008.

Rae Claire Johnson

Signature of a member.

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TALLAHASSEE, FLORIDA

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rae Claire Johnson

Typed or printed name of signee

H08000127497 3

H08000127497 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is CareCk, LLC.
2. The name and the Florida street address of the registered agent are:

Darrell C. Smith  
101 E. Kennedy Blvd., Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Darrell C. Smith  
Registered Agent

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