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CSH SERVICES

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Account Name : CSH SERVICES, LLC
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Phone : (800) 494-3124
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Healing Hands of Suwannee County, LLC

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EXAMINER

14-08000139169-3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

HEALING HANDS OF SUWANNEE COUNTY, LLC

ARTICLE II ADDRESS

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

405 11TH STREET SW, SUITE 101-A
LIVE OAK, FLORIDA 32064

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

THERESA FOWLER
405 11TH STREET SW, SUITE 101-A
LIVE OAK, FLORIDA 32064

Having been named as registered agent 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 as provided for in Chapter 608, F.S.

X Theresa Fowler
THERESA FOWLER / Registered Agent's signature

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HEALING HANDS OF SUWANNEE COUNTY, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

Managing Member

THERESA FOWLER

405 11TH STREET SW, SUITE 101-A

LIVE OAK, FLORIDA 32064

Managing Member

HOLLI LATREILLE

405 11TH STREET SW, SUITE 101-A

LIVE OAK, FLORIDA 32064

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.....
X *Theresa Fowler*

Signature of a member or an authorized representative of a member
(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.

THERESA FOWLER