

JUL-17-2008 12:19

P.01

LD8000009319

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000175040 3)))



H080001750403ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

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

JUL 17 2008

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

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRIPLE-I-CARE, LLC

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

RECEIVED

08 JUL 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 17 AM 10:23

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H08000175040 3

**ARTICLES OF ORGANIZATION
TRIPLE-I-CARE, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is Triple-I-Care, LLC.

ARTICLE II – Address:

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

5210 Webb Rd.
Tampa, Florida 33615

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 14th day of July 2008.



Signature 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.)

Panayiotis Vasiloudes
Typed or printed name of signee

H08000175040 3

FILED
08 JUL 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H08000175040 3

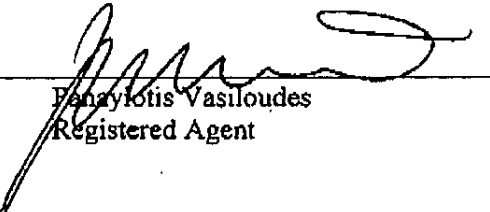
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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 Triple-I-Care, LLC.
2. The name and the Florida street address of the registered agent are:

Panayiotis Vasiloudes
5210 Webb Road
Tampa, Florida 33615

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.


Panayiotis Vasiloudes
Registered Agent

H08000175040 3

FILED
08 JUL 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA