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To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
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FLORIDA/FOREIGN LIMITED LIABILITY CO

Access Family Care Tampa, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **ACCESS FAMILY CARE TAMPA, LLC**

ARTICLE II - Address:

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

**610 Sycamore Street, Suite 240
Celebration, FL 34747**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jessica L. Captain, Esq.
Name

301 E. Pine Street, Suite 1400
Florida street address (P.O. Box **NOT** acceptable)

Orlando, Florida 32801
City, State, and Zip

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 as provided for in Chapter 608, F.S.

Jessica L. Captain
Registered Agent's Signature: Jessica L. Captain

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Jessica L. Captain, Authorized Representative

By: Jessica L. Captain
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.)

Jessica L. Captain, Authorized Representative
Typed or printed name of signer

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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