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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP 16 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med -Solutions Home Health Care, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janine Berovides

(Name of Person)

Med -Solutions Home Health Care, LLC

(Firm/Company)

3822 S W 136 Ave.

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Janine Berovides

(Name of Person)

at (786) 222-1921

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2008

JANINE BEROVIDES
3822 SW 136 AVE.
MIAMI, FL 33175

SUBJECT: MED-SOLUTIONS HOME HEALTH CARE, LLC
Ref. Number: W08000042510

We have received your document for MED-SOLUTIONS HOME HEALTH CARE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

We need the second page of this application.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 708A00049982

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Med-Solutions Home Health Care, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Med-Solutions Home Health Care, LLC

3822 SW 136 AVE

MIAMI, FL 33175

Mailing Address:

Med-Solutions Home Health Care, LLC

3822 SW 136 AVE

MIAMI, FL 33175

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Janine Berovides

Name

3822 SW 136 AVE

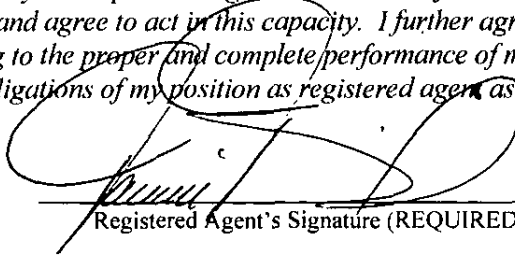
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33175

FL

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

118-42510

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Janine Berovides

3822 SW 136 AVE

MIAMI, FL 33175

MGR

Marta G Crieiro

3822 SW 136 AVENUE

MIAMI, FL 33175

MGR

Santiago O Berovides

3822 SW 136 AVENUE

MIAMI, FL 33175

MGR

Edgard E Bravo

3822 SW 136 AVENUE

MIAMI, FL 33175

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/01/2008. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Marta G Crieiro

Typed or printed name of signer

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TALLAHASSEE, FLORIDA