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SECRETARY OF STATE
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NOV 10 2008

EXAMINER

STEVEN M ACKERMAN 7328 SW 48 STREET MIAMI, FL 33155

Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314

RE: FLORIDA HOME CARE AND COMPANIONSHIP AGENCY, LLC

Enclosed is a check for \$ 155.00 and two copies of the articles of Organization for FLORIDA HOME CARE AND COMPANIONSHIP AGENCY, LLC

Please return a certified copy to the registered agent of this Limited Liability Company:

STEVEN M ACKERMAN 7328 SW 48 STREET MIAMI, FL 33155

Thank you for your attention to this request.

Sincerely,

Sth

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF FLORIDA HOME CARE AND COMPANIONSHIP AGENCY, LLC

ARTICLE I NAME

The name of this Limited Liability Company shall be:

FLORIDA HOME CARE AND COMPANIONSHIP AGENCY, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

7328 SW-48 STREET MIAMI, FL 33155

ARTICLE III INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of this Limited Liability Company is:

STEVEN M ACKERMAN 7328 SW 48 STREET MIAMI, FL 33155

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 APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE <u>PROVISION</u> OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

Registered Agent's Signature

ARTICLE IV MANAGERS/MEMBERS

Title:

Name and addres:

"MGR"=Manager

"MGRM=Managing Member

MGRM

STEVEN M ACKERMAN **7328 SW 48 STREET** MIAMI, FLORIDA 33155

The undersigned have executed these Articles of Organization this ____ 4th__ Day of NOVEMBER, 2008.

STEVEN M ACKERMAN, MGRM