

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.

(((H08000258810 3)))



H080002588103ABC%

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

To:

Division of Corporations

Fax Wumber : (850) 617-6383

From: GAIL S AMDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED P.A.

Account Number : 072720000036 Phone : (407)843-4600

Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURNS

CERTIFICATION TO HE AS SOON AS POSSIBLE. THANK YOU.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRADITIONS HEALTH CARE DEVELOPMENT, LLC

	σ.	_		
\mathcal{C}		프	Certificate of Status	0
2	ĊΫ	OF STA	Certified Copy	1
	ě.		Page Count	01
	ထ		Estimated Charge	\$155.00
LLI	>-	造学		

Electronic Filing Menu

Corporate Filing Menu

Help

407-843-4444

11/18/2008 2:19

PAGE 001/003

Fax Server

Lowndes Drosdick Doster Kantor Reed, P.A. 215 NORTH EOLA DRIVE ORLANDO, FLORIDA 32801 450 SOUTH ORANGE AVENUE, SUITE 800 ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809 TEL.: 407-843-4600 / FAX.: 407-843-4444

www.lowndes-law.com

ATTORNEYS AT LAW

TH MERITAS LAW FIRMS WORLDWIDE

FROM:

Name: Fax Number:

Voice Number:

To:

Name: DIVISION OF CORPORATIONS

Company: Fax Number: Voice Phone:

1-850-617-6383

MESSAGES:

Date and time of transmission:

Tuesday, November 18, 2008 2:18:50 PM

Number of pages including this cover sheet:

03

If you did not receive all of the pages, please contact us as soon as possible.

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage. Thank you.

H08000258810 3

ARTICLES OF ORGANIZATION OF TRADITIONS HEALTH CARE DEVELOPMENT, LLC

ARTICLE 1 - NAME

The name of this limited liability company is TRADITIONS HEALTH CARE DEVELOPMENT, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 301 E. Pine Street, Suite 750, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 301 E. Pine Street, Suite 750, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is H. Blaine Strickland.

Representative of a Member or Authorized

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

H. Blaine Strickland