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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

rivka's adult day care, llc

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION OF FLORIDA
LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

RIVKA'S ADULT DAY CARE, LLC

ARTICLE II — Address:

The mailing address of the Limited Liability Company is:

275 189th Terrace
Sunny Isles Beach, FL 33160

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

275 189th Terrace
Sunny Isles Beach, FL 33160

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV — Management:

(Check the appropriate box and complete the statement)



The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is:

Cheryl Cohen
275 189th Terrace
Sunny Isles Beach, FL 33160



The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

reserved for the owner/manager to determine.

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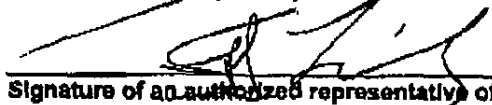
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ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

reserved for the remaining member(s) of this LLC to determine by unanimous consent.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 6th day of May, 2009.



Signature of an authorized representative of a member executing the Articles of Organization.

(In accordance with Section 808.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey Feinberg

Typed or printed name of signer

Prepared By:
Jeffrey Feinberg, Esquire
FAN# 275700
4000 Hollywood Blvd., Suite 350-N
Hollywood, FL 33021
(954) 962-8889

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Form 4-17
Registered Agent/Registered Office

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 808.415 OR 808.507, 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:

RIVKA'S ADULT DAY CARE, LLC
2. The name and the Florida street address of the registered agent and registered office are:

Jeffrey Feinberg
4000 Hollywood Boulevard, Suite 350-N
Hollywood, FL 33021

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.


(Signature)

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