

Division of Corporations

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Division of Corporations
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To:

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Fax Number : (850) 617-6383

From:

Account Name : HARPER, KYNES & GELLER, P.A.
Account Number : 070651000745
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Compassion Care of Florida, LLC

Certificate of Status	0
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C. LEWIS

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is: **Compassion Care of Florida, LLC**

ARTICLE II - ADDRESS

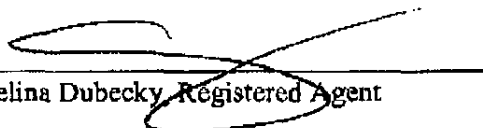
The mailing address and street address of the principal office of the Limited Liability Company is: 777 N. Ashley Drive, #2901, Tampa, FL 33602.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

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

Aquelina Dubecky
777 N. Ashley Drive, #2901
Tampa, FL 33602

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.


Aquelina Dubecky, Registered Agent

ARTICLE IV - MANAGEMENT

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

ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S)

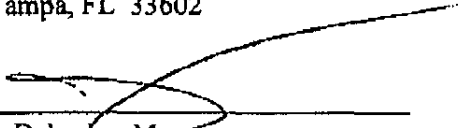
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Aquelina Dubecky
777 N. Ashley Drive, #2901
Tampa, FL 33602


Aquelina Dubecky, Manager

06/22/2009

11:20

HARPER KYNES GELLER PA → 18506176383

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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.

Aquelina Dubecky

Typed or printed name of signee

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