Electronic Articles of Organization
For
Florida Limited Liability Company

L09000079565
FILED 8:00 AM
August 18, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

FOXBORO ADULT FAMILY CARE HOME, LLC.

Article II

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

5120 FOXBORO ROAD
JACKSONVILLE, FL. 32208

The mailing address of the Limited Liability Company is:

5120 FOXBORO ROAD
JACKSONVILLE, FL. 32208

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

CARLENE SPENCER MS.
5120 FOXBORO RD
JACKSONVILLE, FL. 32208

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.

Registered Agent Signature: MS. CARLENE SPENCER

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Article V

The name and address of managing members/managers are:

Title: MGR
CARLENE SPENCER MS,
5120 FOXBORO RD
JACKSONVILLE, FL. 32208

Article VI

The effective date for this Limited Liability Company shall be:

08/12/2009

Signature of member or an authorized representative of a member

Signature: MS. CARLENE SPENCER