Division of Corporations **Electronic Filing Cover Sheet**

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: CSH SERVICES, LIC Account Name

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EXAMINER

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleaso. **

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. PATIENT VISITORS, LLC

Certificate of Status	
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PATIENT VISITORS, LLC

ARTICLE II **ADDRESS**

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

3673 YOSEMITE COURT

NAPLES, FLORIDA 34116

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MARY L. TESORIERO

3673 YOSEMITE COURT

NAPLES, FLORIDA 34116

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 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..

Mary L. Terrend

MARY L. TESORIERO / Registered Agent's signature

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PATIENT VISITORS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER: MARY L. TESORIERO 3673 YOSEMITE COURT NAPLES, FLORIDA 34116

x Mary L. Tesoured

Signature of a member or an authorized representative of a member (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.

MARY L. TESORIERO

Typed or printed name of signee

SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE FLORIDA
TH-09000248761