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2010 JAN 13 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JAN 14 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOME CARE DISTRIBUTORS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN A. HERRERA

Name of Person

HOME CARE DISTRIBUTORS, LLC

Firm/Company

11300 N.W. 7TH STREET

Address

PLANTATION, FLORIDA 33325

City/State and Zip Code

martin@teleoptions.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN A. HERRERA

Name of Person

at ( 954 )

486-9400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

HOME CARE DISTRIBUTORS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

11300 N.W. 7TH STREET  
PLANTATION, FLORIDA 33325

#### Mailing Address:

11300 N.W. 7TH STREET  
PLANTATION, FLORIDA 33325

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARTIN A. HERRERA

Name

11300 N.W. 7TH STREET

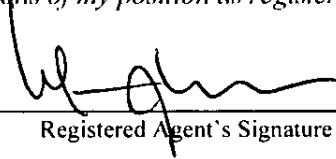
Florida street address (P.O. Box **NOT** acceptable)

PLANTATION, FL 33325 FL

City, State, and Zip

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*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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

**Managing Member**

Martin A. Herrera

11300 N.W. 7th Street

Plantation, Florida 33325

**Manager**

Pedro Somarriba

2042 Quail Roost Drive

Weston, Florida 33327

**Manager**

Manuel Martiarena

1570 E. Edinger Avenue, Unit #1

Santa Ana, California 92705

**Manager**

Joaquin Vallve

1570 E. Edinger Avenue, Unit #1

Santa Ana, California 92705

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

Martin A. Herrera

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**