Electronic Articles of Organization
For
Florida Limited Liability Company

L10000008848
FILED 8:00 AM
January 25, 2010
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

COMPLETE CARE IT LLC

Article II

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

4611 S. UNIVERSITY DR
DAVIE, FL. 33328

The mailing address of the Limited Liability Company is:

4611 S. UNIVERSITY DR
DAVIE, FL. 33328

Article III

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

PROVIDING IT SOLUTION & SERVICES TO BUSINESESS AND HEALTH CARE PROVIDERS.

Article IV

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

PATRICK P ELOI
4611 S. UNIVERSITY DR.
DAVIE, FL. 33328

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: PATRICK ELOI

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Article V

The name and address of managing members/managers are:

Title: MGRM
PATRICK P ELOI
4611 S. UNIVERSITY DR
DAVIE, FL. 33328

Article VI

The effective date for this Limited Liability Company shall be:

01/25/2010

Signature of member or an authorized representative of a member

Signature: PATRICK ELOI