

L100000021942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

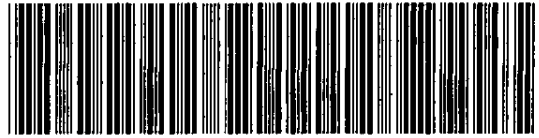
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
HOME HEALTH CARE PROFESSIONALS OF NAPLES, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I
Name of Company**

The name of the limited liability company (hereinafter referred to as the "Company") is:
Home Health Care Professionals of Naples, LLC.

**ARTICLE II
Address of Company**

The mailing address and street address of the principal office of the Company is: 757 7th Avenue North, Naples, Florida 34102.

**ARTICLE III
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Dr. Michael Smith; and the address of the Company's registered agent in Florida is: 757 7th Avenue North, Naples, Florida 34102.

Dated this 23rd day of February, 2010.



Dr. Michael Smith, Member

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ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated Company, at the place designated in these Articles of Organization, the undersigned hereby agrees to act as registered agent, and states that the undersigned is familiar with, and accepts, the obligations of registered agent as provided for under applicable Florida statutes.

Dated this 23rd day of February, 2010.



Dr. Michael Smith

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