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Florida Department of State
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Division of Corporations
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Account Name : CSH SERVICES, LLC
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Care Plus, LLC

Certificate of Status	0
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C. LEWIS

AUG - 5 2010

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

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TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

CARE PLUS, LLC

ARTICLE II ADDRESS

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

317 CLYDESDALE CIRCLE
SANFORD, FLORIDA 32773**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

NANDENI KANHOYE
317 CLYDESDALE CIRCLE
SANFORD, FLORIDA 32773

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.

x Nandeni Kanhoys
NANDENI KANHOYE / Registered Agent's signature

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PAGE 2

CARE PLUS, 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

NANDENI KANHOYE

317 CLYDESDALE CIRCLE

SANFORD, FLORIDA 32773

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.....
x Nandeni Kanhoys

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.

NANDENI KANHOYE