

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000087721
FILED 8:00 AM
August 20, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

AFTERCARE AND RECOVERY NURSE,PLC

Article II

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

1150 WELCH HILL CIRCLE
APOPKA, FL. 32712

The mailing address of the Limited Liability Company is:

1150 WELCH HILL CIRCLE
APOPKA, FL. 32712

Article III

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

UNDER GENERAL SUPERVISION PLAN,DIRECT AND EVALUATES TOTAL
NURSING CARE AND FUNCTION FOR ANY GIVEN SURGICAL CENTER OR
INDIVIDUAL IN NEED OF HOME HEALTHCARE POST SURGICAL
PROCEDURES, ON ANY GIVEN SHIFT, IN ACCORDANCE WITH
ESTABLISHED PHILOSOP

Article IV

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

KYALAMBOKA P TAYLOR
1150 WELCH HILL CIRCLE
APOPKA, FL. 32712

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: KYALAMBOKA TAYLOR

Article V

The name and address of managing members/managers are:

Title: MGRM
KYALAMBOKA TAYLOR, RN, MSN, FCNS
1150 WELCH HILL CIRCLE
APOPKA, FL. 32712

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Article VI

The effective date for this Limited Liability Company shall be:

08/20/2010

Signature of member or an authorized representative of a member

Signature: KYALAMBOKA TAYLOR