

**L100000125807**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
FUTURE CARE SOLUTION, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**B. KOHR**

DEC - 8 2010

Electronic Filing Menu

Corporate Filing Menu

**EXAMINER**

Help

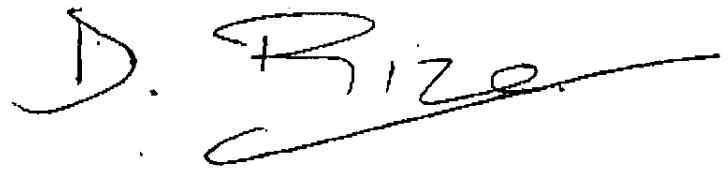
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DIVISION OF CORPORATIONS  
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DECEMBER 8, 2010

To whom it may concern:

Please be advised that the owners of the company FUTURE CARE SOLUTION,  
INC. with the document number P06000036466 are the same as those  
who are opening this new company with the same name. Thank you.

Sincerely,



Dayami Rizo

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DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Future Care Solution; 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:**3911 SW 67 ave  
miami FL 33155**Mailing Address:**3911 SW 67 ave  
miami FL 33155**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:

Future Care Solution Inc

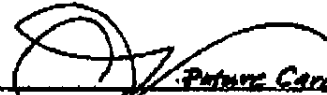
Name

3911 SW 67 aveFlorida street address (P.O. Box **NOT** acceptable)miami FL 33155

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.

  
Future Care Solutions Inc.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Future Care Solution Inc.

3911 SW 67 ave

Miami FL 33155

MGRM

Dannier R Reyes

3911 SW 67 ave

Miami FL 33155

MGR

Alvaro J. Osampo

3911 SW 67 ave

Miami FL 33155

(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:**

D. Rizo

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.)

Danyali Rizo

Typed or printed name of signer

**Filing Fee:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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