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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000007647 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 JAN 10 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
SMART CARE GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

B. KOHR

Help

JAN 10 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 10 PM 12:30

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 JAN 10 PM 12:30

Ref: Smart Care Group LLC



To whom it may concern:

Please note that my client try to register the above mention company online and it was rejected (W11000000940), he is now in the process of getting a refund and he will not proceed with the filing online.

Thanks for you help in this matter.

Sincerely

LAZARUS CORPORATE FILING
SERVICE, INC.
3320 S.W. 87th Avenue
Miami, Florida 33185



H11000007647

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMART CARE GROUP 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:Mailing Address:7990 SW 117 Ave Suite 210
Miami FL 33183

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:

ALEJANDRO GARCIA

Name

7990 SW 117 Ave Suite 210Florida street address (P.O. Box NOT acceptable)Miami FL 33183

City, State, and Zip

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..


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

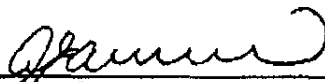
"MGRM" = Managing Member

Name and Address:MGRALEJANDRO Garcia7990 SW 117 Ave Suite 210Miami, FL 33183MGRVIRGINIA Garcia7990 SW 117 Ave Suite 210Miami, FL 33183

(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:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ALEJANDRO Garcia

Typed or printed name of signer

Filing Fees:**\$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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