

L11000010981

THE DORCEY LAW FIRM, PLC

10181 Six Mile Cypress Pkwy. • Suite C
Fort Myers, Florida 33966

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

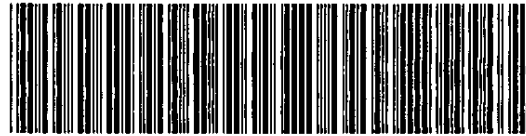
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11 JAN 18 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 26 2011

EXAMINER

EFFECTIVE DATE

01/14/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2011

THE DORCEY LAW FIRM, PLC
10181 SIX MILE CYPRESS PKWY, SUITE C
FORT MYERS, FL 33966

SUBJECT: UNIVERSAL CARE, LLC
Ref. Number: W11000003389

We have received your document for UNIVERSAL CARE, LLC and your check(s) totaling \$138.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 18, 2011. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00001570

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Article I

The Name of the Limited Liability Company is:

Universal Care, LLC

Article II

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

1215 Florida Avenue
Fort Myers, FL 33901

The mailing address of the Limited Liability Company is:

1215 Florida Avenue
Fort Myers, FL 33901

Article III

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

Any Lawful Purpose

Article IV

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

Joao Pereira
1215 Florida Avenue
Fort Myers, FL 33901

Having been named as registered agent and to accept services 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:

Joao Sousa Pereira

Print: JOAO PEREIRA

EFFECTIVE DATE 01/14/16

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TALLAHASSEE, FLORIDA

Name and address of managing members/managers are:

Title: Manager

Joao Pereira

1215 Florida Avenue

Fort Myers, FL 33901

Title: Member

United Medical Technologies Corporation

2196 Andrea Lane

Fort Myers, FL 33912

Article VI

The effective date for this Limited Liability Company shall be:

11/14/11

Signature of member or an authorized representative of a member

Joao Pereira

Print:

JOAO PEREIRA

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TALLAHASSEE, FLORIDA