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Florida Department of State
Division of Corporations
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To:

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

From: **Carrie L. Ramos, FRP, please fax confirmation to (407) 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : 120010000078
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FLORIDA LIMITED LIABILITY CO.
Mayflower Home Health Agency, LLC

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Mayflower Home Health Agency, LLC

ARTICLE II
Address

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

1620 Mayflower Court
Winter Park, FL 32792

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

Name

Street Address

David McGuffin

1620 Mayflower Court
Winter Park, FL 32792

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ARTICLE V**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

David McGuffin
c/o Mayflower Retirement Center, Inc.
1620 Mayflower Court
Winter Park, FL 32792

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree 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

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


AUTHORIZED REPRESENTATIVE'S SIGNATUREDAVID MCGUFFIN, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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