

L11000051475

Division of Corporations

02-2011

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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 Ramos, Paralegal, please fax confirmation to (407) 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: _____

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FLORIDA LIMITED LIABILITY CO.

FloridaONE Care, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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EXAMINER

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FloridaONE Care, LLC

ARTICLE II - Address:

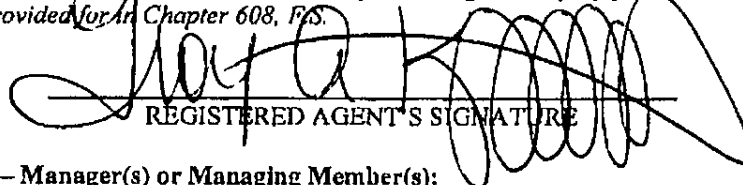
The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address8906 Brittany Way
Tampa, Florida 33619Principal Office Address8906 Brittany Way
Tampa, Florida 33619**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Troy A. Kishbaugh
c/o Gray Robinson, P.A.
301 East Pine Street, Suite 1400
Orlando, FL 32801

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

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


AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

Jerry Kassab

Typed or printed name of signee

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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