

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.

(((H11000220613 3)))



H110002206133ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 SEP -7 AM 7:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Abundance of Care Home Health LLC.

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11 SEP -7 PM 2:22

FILED

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu SEP - 8 2011 Help

EXAMINER

H11000220613

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Abundance of Core Home Health 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:

801 Northpoint Parkway.
Suite # 3
West Palm Bch, FL 33407.

801 Northpoint Parkway.
Suite # 3
West Palm Bch, FL 33407.

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:

Ileana Cano Smith
 Name

801 Northpoint Parkway.
 Florida street address (P.O. Box NOT acceptable)

West Palm Bch, FL 33407.
 City, State, and Zip

FILED
 11 SEP - 7 PM 2:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

Ileana Smith
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H11000220613

H11000220613

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:MGRIleana Cano Smith
801 Northpoint Parkway # 3
West Palm Beach, FL 33407MGRDominic Pauline Medina
801 Northpoint Parkway # 3
West Palm Beach, FL 33407

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/6/11. (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:

Ileana Smith
 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.)

Ileana Cano Smith
 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)

H11000220613