

L11000107659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

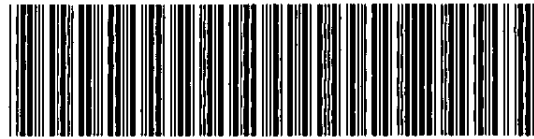
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SEP 21 2011

EXAMINER



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09/21/11--01001--010 \*\*155.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11 SEP 20 PM 4:25

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP 20 AM 8:39

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

FILED  
SEP 20 AM 8:39  
DIVISION OF CORPORATIONS

NAME OF ENTITY

Direct Care USA LLC

FOR OFFICE USE ONLY

## PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☐ C.U.S.

## FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 9/20/11 TIME 4:30

Notes: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR

**Direct Care USA, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP 20 AM 8:39

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Chapter 608, hereby adopts the following Articles of Organization.

## ARTICLE I: NAME

The name of the company is **Direct Care USA, LLC**

## ARTICLE II: PRINCIPLE OFFICE


The principle office and mailing address of the company is **1317 California Street, Tallahassee, FL 32304.**

## ARTICLE III: REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent of the company is **Advanced Incorporating Service, Inc., 1317 California Street, Tallahassee, FL 32304.**

The undersigned has executed these Articles of Organization this 20<sup>th</sup> day of September 2011.

"Advanced Incorporating Service, Inc. by, Weimar Lopez, Client Representative"

  
\_\_\_\_\_  
Authorized Representative

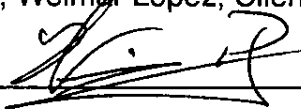
## **CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the aforementioned company, organized under the laws of the State of Florida, submits the following statement designating the Registered Agent and Registered Office, in the State of Florida.

**Direct Care USA, LLC**, hereby names **Advanced Incorporating Service, Inc.**, located at **1317 California Street, Tallahassee, FL 32304** as its Registered Agent and Registered Office.

Having been named Registered Agent and to accept Service of Process for the aforementioned company at the designated place in this certificate, I hereby accept the appointment and agree to act in its capacity, I further agree, am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608, Florida Statutes.

"Advanced Incorporating Service, Inc. by, Weimar Lopez, Client Representative"



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