

L110000114997

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.

((H11000242939 3)))



H110002429393ABC+

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 : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT -6 AM 10:58

FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SOUTH FLORIDA HOME CARE LLC

Certificate of Status	0
Certified Copy	.0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
11 OCT -6 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

OCT -7 2011

EXAMINER

H11000242939 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SOUTH FLORIDA HOME CARE LLC

ARTICLE II ADDRESS

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

7087 155TH PLACE N

PALM BEACH GARDENS, FLORIDA 33418

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

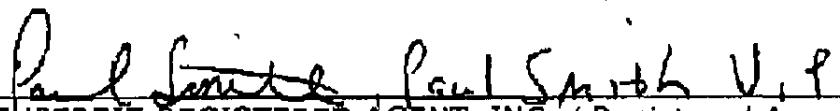
The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x  Paul Smith V.P.

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

H11000242939 3

2011 OCT -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H11000242939 3

PAGE 2 SOUTH FLORIDA HOME CARE LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
FLEUR DE LIS CAPITAL LLC
7087 155TH PLACE N
PALM BEACH GARDENS, FLORIDA 33418

MANAGING MEMBER
STEPHEN MESSA
106 RUE CHARTRES
LAFAYETTE, LOUISIANA 70508

FILED
2011 OCT -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....

X 

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.

DAVID PAUL FOR FLEUR DE LIS CAPITAL LLC

H11000242939 3