## Florida Department of State

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B. BOSTICK

OCT 1 4 2011

**EXAMINER** 

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Elder Services Group, 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:	
772 US Highway One, Suite 200	772 US Highway One, Suite 200	_
North Palm Beach, FL 33408	North Palm Beach, FL 33408	_
		<del></del>
North Palm Beach	Name  Name  Ine, Suite 200  Mail Drop Box NOT Acceptable)  FL 33408	A manage
Having been named as registered agent and to accept servi at the place designated in this certificate, I hereby accept st capacity. I further agree to comply with the provisions of at of my duties, and I am familiar with and accept the obligate Chapter 608, F.S.  Registered Agent's Signature - Lo	he appointment as registered agent and agree to uci in the listatutes relating to the proper and complete performantions of my position as registered agent as provided for in	is ce

H11000247656

ARTICLE IV - Manager(s) or Manager and address of each Manager					
Title: "MGR"= Manager "MGRM"= Managing Mcmber	Name and Address:				
_MGRM	Fuoco Group, LLP - 772 US Hwy One, Suite 200, North Palm Beach, Ft. 33408				
_MGRM	Lou Fucco - 772 US Hwy One, Suite 200, North Palm Beach, FL 33408				
_MGRM	Mitchell Zachary - 772 US Hwy One, Suite 200, North Palm Beach, FL 33408				
MGRM	Paul Wieseneck - 772 US Hwy One, Suite 200, North Palm Beach, FL 33408				
MGRM	Jackle Chiodo - 772 US Hwy One, Suite 200, North Palm Beach, FL 33408				
(Use attachment if necessary)					
REQUIRED SIGNATURE:	Ox form				
Signature of a member or 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.)					
-	Lou Fuoco				
	Typed or printed name of signee				