

# L12000084743

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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**FLORIDA LIMITED LIABILITY CO.  
ALL FAMILY CARE TRAINING CENTER LLC**

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**ARTICLES OF ORGANIZATION**  
**OF**  
**All Family Care Training Center LLC**

*The undersigned member, for the purpose of forming a Limited Liability Company under the Laws of the State of Florida , hereby adopts the following Articles of Organization:*

**ARTICLE I**

***NAME***

The name of the Limited Liability Company shall be:

All Family Care Training Center LLC

**ARTICLE II**

***PURPOSE***

The company is organized for any legal and lawful purpose for which a Limited Liability Company may be organized pursuant to the act.

**ARTICLE III**

***PRINCIPAL OFFICE***

The principal place of business and mailing address of this Limited Liability Company shall be:

4047 Okeechokee Blvd. Ste. 124

West Palm Beach, FL 33409

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**ARTICLE IV**

***INITIAL REGISTERED AGENT AND ADDRESS***

The name and address of the initial agent is:

Everald Thomas  
4047 Okeechokee Blvd. Ste. 124  
West Palm Beach, FL 33409

**ARTICLE V**

***MEMBERS***

The Members of the Limited Liability Company shall be:

Managing Member:	Everald Thomas
Address:	4047 Okeechobee Blvd. Ste 124 West Palm Beach, FL 33409

The undersigned has executed these Articles of Organization this  
27th day of June, 2012.

  
\_\_\_\_\_  
Signature

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TALLAHASSEE, FLORIDA

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(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..

SIGNATURE   
Everald Thomas

TITLE Managing Member

DATE 6/27/12

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION, 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.

SIGNATURE 

DATE 6/27/12

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