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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

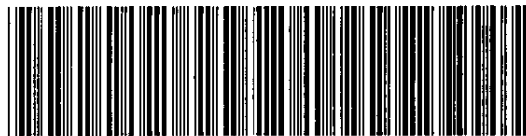
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2012 AUG 23 PM 4:46  
TALLAHASSEE, FLORIDA

2012 AUG 23 AM 9:12  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 24 2012

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Deserved Care, LLC

Signature \_\_\_\_\_

Requested by: Seth

08/23/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 AUG 23 AM 9:12

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# ARTICLES OF ORGANIZATION FOR

## Deserved Care, LLC

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

### ARTICLE I: NAME

The name of the company is **Deserved Care, LLC**

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### ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **2357 S. Tamiami Tr. #3 PMB #226, Venice, Florida 34293**

### **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

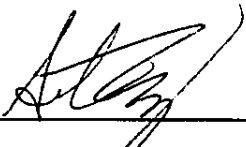
The name and address of the initial registered agent is **Your Capital Connection, Inc.**  
**417 E. Virginia Street, Ste 1., Tallahassee, FL 32301**

### **ARTICLE IV: MANAGEMENT**

The name and address of the initial Managing Members of the company are:  
**John Reed, Managing Member, 725 Porpoise Road, Venice FL 34293**

**Janette Brown, Managing Member, 5134 Northridge Road #301, Sarasota FL 34238**

The undersigned has executed these Articles of Organization this 23rd day of August 2012.  
"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

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

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## **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

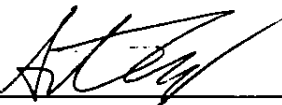
Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

1. The name of the company is: **Deserved Care, LLC**
2. The name and address of the registered agent and office is:

**Your Capital Connection, Inc.**  
**417 E. Virginia Street, Ste 1.**  
**Tallahassee FL, 32301**

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.



Seth Neeley for Your Capital Connection, Inc.