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From:
Account Name : W. KEVIN RUSSELL, P.A.
Account Number : I20050000181
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**FLORIDA LIMITED LIABILITY CO.
WMS ADULT DAY CARE CENTER, LLC**

Certificate of Status	1
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Page Count	02
Estimated Charge	\$130.00

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OCT 19 2012

EXAMINER

**ARTICLES OF ORGANIZATION OF WMS ADULT DAY CARE CENTER, LLC,
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles of Organization hereby certifies that:

ARTICLE I – Name:

The name of the limited liability company (hereinafter referred to as the “Company”) is “WMS ADULT DAY CARE CENTER, LLC.”

ARTICLE II – Address:

The mailing address and street address of the principal office of the Company is: WMS Adult Day Care Center, LLC, c/o W. Kevin Russell, P.A., 14295 S. Tamiami Trail, North Port, FL 34287.

ARTICLE III – Registered Agent:

The name and the Florida street address of the initial registered agent are: W. Kevin Russell, Esq., W. Kevin Russell, P.A., 14295 S. Tamiami Trail 34287.

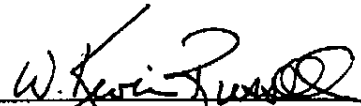
ARTICLE IV – Management:

The Company is to be managed by one manager or more managers and therefore is a manager-managed company. The manager shall be WMS Sarasota, LLC, c/o W. Kevin Russell, P.A., 14295 S. Tamiami Trail, North Port, FL 34287.

ARTICLE V – Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to by my act this 18th day of October, 2012.


W. Kevin Russell, Authorized
Representative for 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.

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF
WMS ADULT DAY CARE CENTER, LLC.**

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 14295 S. Tamiami Trail, North Port, FL 34287. 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 under Chapter 608, Florida Statutes.


W. Kevin Russell, Registered Agent

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.