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Florida Department of State
Division of Corporations
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EFFECTIVE DATE 10-25-12

To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : 120080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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TALLAHASSEE, FLORIDA

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

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**FLORIDA LIMITED LIABILITY CO.
1ST ACCREDITED HOME CARE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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B. BOSTICK
OCT 26 2012
EXAMINER

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

1ST ACCREDITED HOME CARE, LLC

ARTICLE II - Address

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

**8370 W. FLAGLER ST SUITE 210
MIAMI, FL 33144**

Subsidiary

3107 W. Hallandale Beach Blvd. Suite 105
Hallandale, FL 33009

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

**YSABEL NARRO LLANES
4705 UNIVERSITY DR
CORAL GABLES, FL 33146**

Having been named as registered agent and 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.

Ysabel Narro Llanes

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

<u>Title</u>	<u>Name and Address</u>
MGR - Manager	MANUEL LLANES 4705 UNIVERSITY DR CORAL GABLES, FL 33146
MGM - Managing Member	YSABEL NARRO LLANES 4705 UNIVERSITY DR CORAL GABLES, FL 33146

ARTICLE V: Effective date, if other than the date of filing: October 25, 2012

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Manuel Llanes

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 fact stated herein are true.)

MANUEL LLANES

Typed or printed name of signed