

**L130000639771**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000060603 3)))



H13000060603ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

13 MAR 15 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations

Fax Number

(305) 637-6383

(202) 637-6383

From:

Account Name : HOGAN & HARTSON, L.L.P.

Account Number : I20040000129

Phone : (305) 459-6500

Fax Number : (305) 459-6550

(202) 637-5910

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

Email Address: pheuberger@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
ALL SEASONS HOME CARE OF NORTHEAST FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

033585.000001

13 MAR 15 AM 7:25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

(H13000060603)

**ARTICLES OF ORGANIZATION  
OF  
ALL SEASONS HOME CARE OF NORTHEAST FLORIDA, LLC**  
(a Florida limited liability company)

**ARTICLE I  
NAME**

The name of the limited liability company is **All Seasons Home Care of Northeast Florida, LLC** (the "Company").

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Company is 5130 Linton Blvd., Suite B-7, Delray Beach, Florida 33484.

**ARTICLE III  
DURATION**

The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Department of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV  
MANAGEMENT**

The Company will be managed by the managers (the "Managers"). The names and business addresses of the Managers who are to serve until their successors are otherwise selected are as follows: Patricia E. Heuberger, 5130 Linton Blvd., Suite B-7, Delray Beach, Florida 33484 and Michael J. Downs, 5130 Linton Blvd., Suite B-7, Delray Beach, Florida 33484.

**ARTICLE V  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Company's initial registered agent is 1201 Hays Street, Tallahassee, Florida 32301. The name of the Company's initial registered agent at that office is Corporation Service Company.

(H13000060603)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 15 AM 7:25

(H13000060603)

**ARTICLE VI**  
**AUTHORIZED PERSON**

The powers of the undersigned person shall terminate upon filing of these Articles of Organization.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on this 15 day of March, 2013.

By: Patricia Heuberger  
Patricia Heuberger  
Authorized Representative

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 15 AM 7:25

(H13000060603)

(HL3000060603)

**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

The undersigned submits the following statement in accepting the designation as registered agent of **ALL SEASONS HOME CARE OF NORTHEAST FLORIDA, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the place designated in the Company's articles of organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and the undersigned is familiar with and accepts the obligations of her position as registered agent as provided for in Chapter 608, Florida Statute.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 15<sup>th</sup> day of March, 2013.

CORPORATION SERVICE COMPANY  
As Registered Agent

By: Connie Wood, Asst. Secretary  
Name:  
Title:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 15 AM 7:25

(HL3000060603)