(101023) 03/15/201 21001/004 Divisi orations Page 1 of 1

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.

(((H130000606303)))



H130000008303ABCT

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

To:

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

From:

Account Name : HOGAN & HARTSON, L.L.P. Account Number : 120040000129 Phone : (305)459-6500 Fax Number : 120040000129

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

		Email Addr	east_phe	euberger@mail.co		÷	1	
CEIVED	13 HAR 15 PH 3: 86	YY OF STALL	FLORIDA LIMITED LIABILITY CO. ONS HOME CARE OF SOUTHWEST FLO				С,	
() 111		AS	Certificate of Status		0			0
ні С_		CRE	Certified	Сору	1			
		SEC	Page Cou	nt ·	03		7:41	
		11	Estimated	l Charge	\$155.04			
				0 33 585.000001				
		Electronic Filin	g Menu	Corporate Filin	g Menu	Help		. BOSTICK R 1 8 2013 (AMINER

J

HOGAN LOVELLS

002/004

(H13000060630)

:

ARTICLES OF ORGANIZATION

OF

ALL SEASONS HOME CARE OF SOUTHWEST FLORIDA, LLC

(a Florida limited liability company)

ARTICLE I <u>NAME</u>

The name of the limited liability company is All Seasons Home Care of Southwest 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.

FILED .

(H13000060630)

•

HOGAN LOVELLS

(H13000060630)

(H13000060630)

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 <u>15</u> day of March, 2013.

By: Had train Alupa.

Patricia Heuberger Authorized Representative

13 MAR 15 AM 7: 41

4

(HL3000060630)

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 SOUTHWEST 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 day of March, 2013.

CORPORATION SERVICE COMPANY As Registered Agent

Nord ast Scretary

Title:

ω 5

ਸੂਹੇ। ਸੂਹੇ