

3/17/2014 10:58:36 From: To: 35001763

Division of Corporations

L14000044442

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.

(((H14000063015 3)))



H140000630153ABCU

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

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Use retain original filing
date of submission 3/14

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

Email Address: _____

RECEIVED
14 MAR 17 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Community Care of Florida, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04.5
Estimated Charge	\$125.00

FILED
2014 MAR 14 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

3/17/2014 10:58:36 From: To: 8506176383

(2/5)

850-617-6381

3/17/2014 8:44:28 AM PAGE 1/001 Fax Server



March 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: COMMUNITY CARE OF FLORIDA, LLC
REF: W14000016763

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

There are (2) different addresses for the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H14000063015
Letter Number: 914A00005664

RE-SUBMIT

Please retain original filing
date of submission 3/14

RECEIVED
14 MAR 17 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED (3/5)

2014 MAR 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
COMMUNITY CARE OF FLORIDA, LLC**

ARTICLE I — Name:

The name of the Limited Liability Company is Community Care of Florida, LLC (the "Company").

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is 11601 Kew Gardens Avenue, 200, Palm Beach Gardens, Florida 33410.

ARTICLE III — Duration:

The period of duration for the Company shall be perpetual.

ARTICLE IV — Registered Agent:

The street address of the initial registered office of the Company shall be the name and address of the initial registered agent of the Company is CT Corporation System, 1200 South Pine Island Road, Plantation Florida 33324.

ARTICLE V — Effective Date:

The filing of these Articles of Organization shall be effective upon the acceptance and filing by the Secretary of State of the State of Florida.

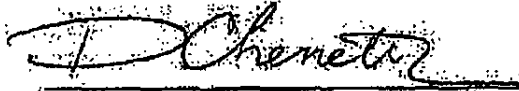
ARTICLE VI — Indemnification

The Company shall indemnify and hold harmless its members and managers against any and all claims and demands pursuant to Fla. Stat. 605.0408.

ARTICLE VII — Amendment

These Articles of Organization may be altered, amended or repealed in accordance with the Limited Liability Company Agreement of the Company in accordance with the Florida Revised Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned, pursuant to laws of the State of Florida, has
executed these Articles of Organization as of March 15, 2014.

A handwritten signature in dark ink, appearing to read "D. Chenette", is written over a horizontal line.


Dwight D. Chenette
Authorized Representative

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

COMMUNITY CARE OF FLORIDA, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 605, Fla. Stat.

CT Corporation System

By: 
Name: _____
Title: **Angel Nunez**
Assistant Secretary

Dated: March 11 2014

FILED
2014 MAR 14 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA