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Division of Corporations

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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

Email Address: rchristaldi@slk-law.com

FLORIDA LIMITED LIABILITY CO.
Forcare, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
FORCARE, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is ForCare, LLC.

ARTICLE II - Address:

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

16225 Villarreal de Avila
Tampa, Florida 33613

ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager or managers. The initial manager shall be:

Seth B. Forman
16225 Villarreal de Avila
Tampa, Florida 33613

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 18th day of April, 2014.



Signature of an authorized representative of a member.

(In accordance with Section 605.02(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Seth B. Forman
Typed or printed name of signee

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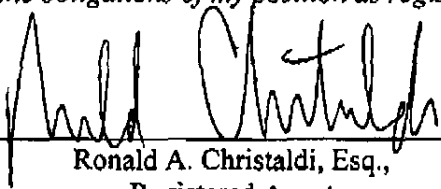
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is ForCare, LLC.
2. The name and the Florida street address of the registered agent are:

Ronald A. Christaldi, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard, Suite 2800
Tampa, Florida 33602

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.



Ronald A. Christaldi, Esq.,
Registered Agent

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STATE OF FLORIDA
TAMPA

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