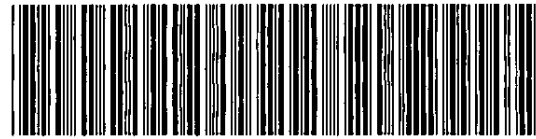


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 AUG 18 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

August 18, 2014

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Seasons Hospice & Palliative Care of Broward Florida, LLC and
Seasons Hospice & Palliative Care of Broward Florida, Inc.**
(Document P13000082089)

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Seasons Hospice & Palliative Care of Broward Florida, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Since there is an existing and related entity named Seasons Hospice & Palliative Care of Broward Florida, Inc., I am enclosing a letter from the Chief Operating Officer and Director of the corporation granting permission for this limited liability company to use the same name. I am also enclosing our check in the amount of:


| | | | |
|-----------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> \$125.00 | <input type="checkbox"/> \$130.00 | <input checked="" type="checkbox"/> \$155.00 | <input type="checkbox"/> \$160.00 |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy (additional copy enclosed) | Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed) |

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing. We would appreciate your including the following email address in your records for purposes of annual report notification and other notices provided by your office:

dwalters@ausley.com

Thank you in advance for your usual assistance in these matters.

Sincerely,


Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

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020564 130953

***Seasons Hospice & Palliative Care
of Broward Florida, Inc.
1815 Griffin Road, Suite 410
Dania Beach, Florida 33004-2252***

August 15, 2014

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

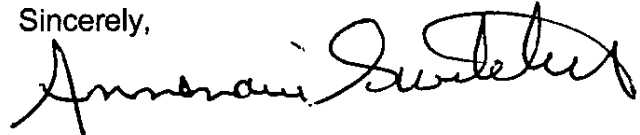
Re: **Seasons Hospice & Palliative Care of Broward Florida, LLC and
Seasons Hospice & Palliative Care of Broward Florida, Inc.**
(Document P13000082089)

Dear Madam/Sir:

By this letter the undersigned corporation grants permission to a new Florida limited liability company to use the name **Seasons Hospice & Palliative Care of Broward Florida**, which is the name of the corporation we formed in 2013 under document number P13000082089. The owners of each entity are substantially the same. I would appreciate your filing the Articles of Organization for **Seasons Hospice & Palliative Care of Broward Florida, LLC**.

If you need anything further in this regard, please contact my legal counsel, Emily Waugh, at (850) 425-5428. Thank you.

Sincerely,



Annemarie Switchulis
Chief Operating Officer and Director of
**Seasons Hospice & Palliative Care of
Broward Florida, Inc.**

/dmw

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**ARTICLES OF ORGANIZATION
OF
SEASONS HOSPICE & PALLIATIVE CARE OF BROWARD FLORIDA, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Seasons Hospice & Palliative Care Of Broward Florida, LLC.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

1815 Griffin Road, Suite 410
Dania Beach, Florida 33004-2252

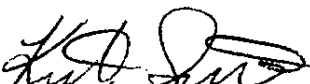
**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, Florida 32301

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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 605, Florida Statutes.

CORPORATION SERVICE COMPANY

By:  Krista Swenson, Assistant Vice President
Registered Agent

FILED
14 AUG 18 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE 4.
Management**

The Limited Liability Company shall be managed by a Member and is, therefore, a Member-managed company. The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

| | |
|--|---|
| Seasons Hospice & Palliative Care of Broward Florida, Inc., Authorized Member | 5200 Northeast Second Avenue 3rd Floor Stein Building Miami, Florida 33137-2706 |
|--|---|

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 18th day of August, 2014.

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, F.S.

**SEASONS HOSPICE & PALLIATIVE CARE
OF BROWARD FLORIDA, INC.,** a Florida
corporation, Member

By: *s/ David M. Donenberg*
David M. Donenberg, Chief Financial Officer