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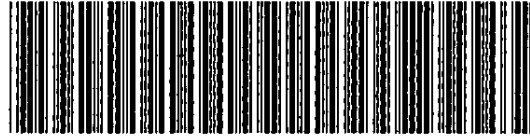
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avalon Park Home Health Care, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Kahli
Name of Person

Avalon Park Group Management, Inc.
Firm/Company

3680 Avalon Park East Boulevard
Address

Orlando, Florida 32828
City/State and Zip Code

zzillie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Kahli at (407) 658-6565
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION
OF
AVALON PARK HOME HEALTH CARE, LLC.**

ARTICLE I - NAME

The name of this limited liability company shall be: Avalon Park Home Health Care, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of Avalon Park Home Health Care, LLC. shall be:

Principal Office Address:

Avalon Park Home Health Care, LLC.
3680 Avalon Park East Blvd., Suite 300
Orlando, Florida 32828

Mailing Address:

Avalon Park Home Health Care, LLC.
3680 Avalon Park East Blvd., Suite 300
Orlando, Florida 32828

ARTICLE III - Members

Title:

AMBR

AMBR

AMBR

Name and Address:

Beat Kahli
3680 Avalon Park East Blvd., Suite 300
Orlando, Florida 32828

Jill Kahli
3680 Avalon Park East Blvd., Suite 300
Orlando, Florida 32828

Joel Hass
3680 Avalon Park East Blvd., Suite 300
Orlando, Florida 32828

"AMBR" = Authorized Member

"MGR" = Manager

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ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT' S SIGNATURE:

The initial registered OFFICE of this company shall be 3680 Avalon Park East Boulevard, Suite 300, Orlando, FL 32828 and its initial REGISTERED agent shall be Beat Kahli.

Having been named as registered agent and to accept service of process for Avalon Park Home Health Care, LLC. at 3680 Avalon Park East Blvd., Suite 300, Orlando, Florida 32828, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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, F.S..



Beat Kahli, Registered Agent



Beat Kahli, Authorized Member

Dated: February 23, 2015

(IN ACCORDANCE with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 s.817.155, F.S.)

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