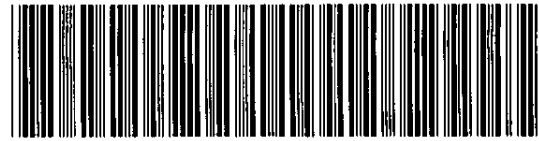


LISD000 / 01870



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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15 JUN 11 PM 4:13
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15 JUN 11 AM 8:40
OFFICE OF THE
COMMISSIONER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 665858 149697A

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : June 11, 2015

ORDER TIME : 3:44 PM

ORDER NO. : 665858-005

CUSTOMER NO: 149697A

DOMESTIC FILING

NAME: COMPASSIONATE SOLUTIONS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____



**ARTICLES OF ORGANIZATION
FOR
COMPASSIONATE SOLUTIONS, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of the company shall be: Compassionate Solutions, LLC (the "Company")

ARTICLE II - ADDRESS

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

625 W. Keene Road
Apopka, FL 32703

**ARTICLE III - CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, 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: COMPASSIONATE SOLUTIONS, LLC
2. The name and the Florida street address of the registered agent are:

William E. Dewar

NAME
625 W. Keene Road


Florida Street Address (P.O. Box **NOT** Acceptable)

Apopka, FL 32703

City, State and Zip

15 JUN 11 AM 8:41

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.



William E. Dewar

ARTICLE IV - DURATION

The period of duration for the Company shall be **Perpetual** unless terminated as provided in the Operating Agreement.

ARTICLE V - MANAGEMENT

The Company is to be managed by a Manager and the name and address of the Manager is:

William E. Dewar
625 W. Keene Road
Apopka, FL 32703


ARTICLE VI - STATEMENT OF AUTHORITY

All Company decisions and actions shall be decided by the Manager.


ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Operating Agreement.

(In accordance with Section 605.0201(4), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)



Signature of a member or authorized
Representative of a member

William E. Dewar


Typed or Printed Name of Signee