

JAN/28/2016/THU 02:38 PM

FAX No.

P. 001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L 16000017781

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RECEIVED
16 JAN 28 PM 3:22
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ONE CALL HOMECARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX No.

P. 002

850-617-6381

1/22/2016 11:53:31 AM PAGE

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Fax Server



January 22, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: ONE CALL HOMECARE LLC
REF: W16000004604

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P14000039628 - ONE CALL HOMECARE INC.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000017394
Letter Number: 816A00001446

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, William Safron who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the sole President of ONE CALL HOMECARE INC a Florida corporation, filed with the Florida Department of State on May 2, 2014.
2. The undersigned hereby consents to and authorizes the use of the name ONE CALL HOMECARE LLC
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

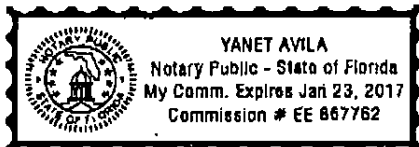
William Safron

 William Safron

STATE OF FLORIDA)
) SS:
 COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, William Safron who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 22nd day of January, 2016.



Yanet Avila

 Yanet Avila - Notary Public

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 16 JAN 28 PM 4: 03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE CALL HOMECARE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2385 N W EXECUTIVE CENTER #100
BOCA RATON, FL 33433

Mailing Address:

2385 N W EXECUTIVE CENTER #100
BOCA RATON, FL 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

WILLIAM SAFRON

Name

2385 N W EXECUTIVE CENTER #100

Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33433

City State Zip

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 as provided for in Chapter 605, P.S.

William Safron

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

WILLIAM SAFRON
2385 N W EXECUTIVE CENTER #100
BOCA RATON, FL 33433

AMBR

MARTIN SEIGEL
2385 N W EXECUTIVE CENTER #100
BOCA RATON, FL 33433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

William Safron

Signature of a member or an authorized representative of a member,
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

WILLIAM SAFRON

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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