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# AUSLEY & McMULLEN

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May 2, 2016

Secretary of State  
New Filing Section  
Division of Corporations  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

RE: Eldercare Services of Panama City, LLC

Dear Sir/Madam:

Enclosed are an original and one copy of the Articles of Organization for Eldercare Services of Panama City, LLC. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of \$155.00 for the filing fee and certified copy.

We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you for your assistance. Please call if you have any questions.

Sincerely,



Emily S. Waugh

ESW/jg

Enclosures

**ARTICLES OF ORGANIZATION  
OF  
ELDERCARE SERVICES OF PANAMA CITY, 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 **Eldercare Services of Panama City, LLC**.

**ARTICLE 2.  
Address**

The street address and mailing address of the place of business in Florida are

Building H, Suite 1  
3375 Capital Circle, NE (32308)  
P. O. Box 13085 (32317-3085)  
Tallahassee, Florida

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**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:

**EMILY S. WAUGH**  
Ausley & McMullen, P.A.  
123 South Calhoun 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.*



**EMILY S. WAUGH**, Registered Agent

**ARTICLE 4.  
Management**

The Limited Liability Company shall be a member-managed company, and the name and address of its authorized member are as follows:

**M. SCOTT BROOKINS,  
AUTHORIZED MEMBER**

Building H, Suite 1  
3375 Capital Circle, NE (32308)  
P. O. Box 13085 (32317-3085)  
Tallahassee, Florida

*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.*



**EMILY S. WAUGH**, Authorized Representative  
of the Initial Member

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