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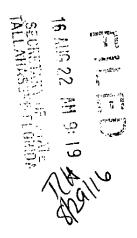
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section

TO:

Di	vision of Corporations		
SUBJECT:	Genesis Health Care Consulting, L	LC	
SUBJECT	Name of I	Limited Liabili	y Company
The enclose	d Articles of Organization and fee(s)	are submitted	or filing.
Please retur	n all correspondence concerning this	matter to the fo	llowing:
	Bryan Nolin		
		Name of	Person
	Genesis Health Care Consulting, LL	С	
		Firm/Cor	npany
	2304 East Edgewater Drive		
		Addre	SS
	Palm Beach Gardens, Florida 33410		
Ł	onwahoo9@gmail.com	City/State and	Zip Code
_	E-mail address: (to be us	ed for future ar	nual report notification)
For further in	formation concerning this matter, ple	ase call:	
	Bryan Nolin at (772	201-3651
_	Name of Person		Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Spiling Fee & Spiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]	Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Genesis Health Care Consulting, LLC	
(Must end with the words "Limited Liabilit	y 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:
D ' - ' - 1 O SS' A 1 1	N.C. (March A. A. Brenner
Principal Office Address:	<u>Mailing Address</u> :
2304 Edgewater Drive	2304 Edgewater Drive
Palm Beach Gardens, Florida 33410	Palm Beach Gardens, Florida 33410
ARTICLE III - Registered Agent, Registered Office, & Regis	
(The Limited Liability Company cannot serve as its own Registe	red 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 a	re;
Bryan Nolin	
Name	

Florida street address (P.O. Box NOT acceptable) Palm Beach Gardens Florida 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, F.S.

2304 Edgewater Drive

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Use attachment if necessary) 2.V: Effective date, if other than the date of filing: cive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statute 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. Bryan Nolin Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Bryan Nolin 2304 Edgewater Drive Palm Beach Gardens, Florida 33410 chment if necessary) ective date, if other than the date of filing: te is listed, the date must be specific and cannot be more than five business days prior to or 90 to inserted in this block does not meet the applicable statutory filing requirements, this date will not fective date on the Department of State's records. RED SIGNATURE: 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. Bryan Notic Typed or printed name of signee Filing Fees: 0 Filing Fee for Articles of Organization and Designation of Registered Agent 0 Certificate of Status (Optional) 0 Certificate of Status (Optional)	Title:	1 N / h	Name and Address:	
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ARTICLE IV-