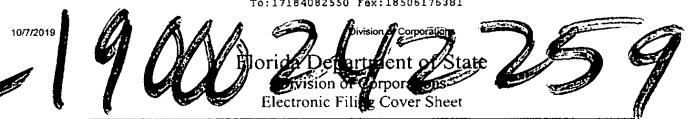
To:17184082550 Fex:18506176381



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ajoudai@continuumhospice.com

<del>S TALL</del>ENT

OCT 0 8 2019

# FLORIDA LIMITED LIABILITY CO.

## Continuum Care of Broward LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ТC	LE	I -	N	a	me	:
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The name of the Limited Liability Company is:

Continuum Care of Broward 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:	Mailing Address:		
2321 Ave I	2302 Quentin Road		
Brooklyn, NY 11210	Brooklyn, NY 11229		

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:

SMITH & ASSOCIA	MITH & ASSOCIATES, C/O GEOFFREY D. SMITH	
	Name	
709 S. Harbor City I	Blvd., Suite 540	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Melbourne	FL	32901
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, F.S..

/s/ GEOFFREY D. SMITH

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

### To:17184082550 Fax:18506176381

	Title:	ne and address of each person authorized to manage and control the Limited Liability Company:  Name and Address:				
	"AMBR" = Authorize	d Member				
	"MGR" = Manager AMBR		Samuel Stern			
	AMDK	<del></del>	2321 Ave I			
			Brooklyn, NY 11210			
		<del></del>				
	<del></del>	_				
	<del>-</del>					
	(Use attachment if ne	cessary)				
DTI	TIF V: Effective date is	fother than the date of f	filing: (OPTIONAL)			
lfond	effective date is listed th	he date must be specifi	ic and cannot be more than five business days prior to or 90 days after			
	te of filing.)	de date mast de specia	is and cannot be more than tive business days prior to or 70 days are:			
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KIR	CLE VI: Other provision	s, it any.				
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-	REQUIRED SIGNA					
		TURE: amuel Stern				
		amuel Stern	er or an authorized representative of a member.			
	/s/ S	amuel Stern Signature of a memb	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.			
	/s/ S	amuel Stern Signature of a memb document is executed aware that any false inf	in accordance with section 605.0203 (1) (b), Florida Statutes.  Formation submitted in a document to the Department of State			
	/s/ S	amuel Stern Signature of a memb document is executed aware that any false inf	in accordance with section 605.0203 (1) (b), Florida Statutes.			
	/s/ S	amuel Stern Signature of a memb document is executed aware that any false inf	in accordance with section 605.0203 (1) (b), Florida Statutes.  Formation submitted in a document to the Department of State			

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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