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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
ALL HEALTH CARE AND COMMUNITY RESOURCES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

CORPORATIONS
COMMERCIAL
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ALL HEALTH CARE AND COMMUNITY RESOURCES LLC

ARTICLE II - Address:

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

800 W OAKLAND PARK BLVD
Ste # 213
WILTON MANORS, FL, 33311

ARTICLE III - Registered Agent, Registered Office:

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

IVAN GARCIA
800 W OAKLAND PARK BLVD
Ste # 213
WILTON MANORS, FL, 33311

ARTICLE IV-

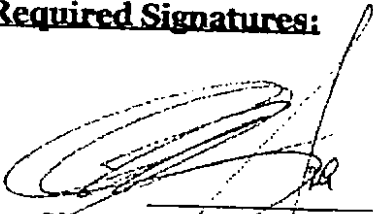
The name and title of each person authorized to manage and control the Limited Liability Company:

CELIANNY CONCEPCION	AMBT
IVAN GARCIA	AMBT

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TALLAHASSEE, FLORIDA

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Required Signatures:


Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 s.817.155, F.S.



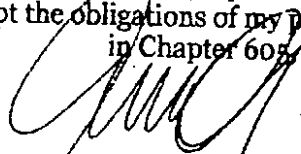
Typed or printed name of signee

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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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..



Registered Agent's Signature (REQUIRED)