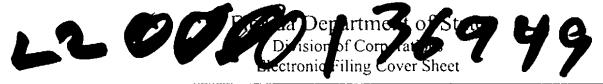
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 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

FLORIDA LIMITED LIABILITY CO. Continuum Care of Miami Dade LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLOI	
ARTICLES OF ORGANIZATION FOR FLOI	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	·
ARTICLE I - Name: 1 The name of the Limited Liability Company is:	
Continuum Care of Miami Dade LLC	
(Must end with the words "Limited Liab	bility 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:

Registered Agents I.	egal Services, LLC	
	Name	
155 Office Plaza Dr.	ive, Suite A	
Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
Tallahassee	FL	32301
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/ Michael Ashley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(((H20000155249 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager		lember	Samuel Stern		
AMBR					
			975 E 24th Street Brooklyn, NY 11210		
CLEV: Effe	is listed, the d	ner than the date of fili ate must be specific	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days ne applicable statutory filing requirements, this date will not be lis		
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Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)