orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SLI ACCOUNTING SERVICES LLC

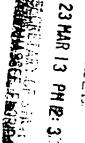
Account Number : 120220000072 Phone : (786)259-4259 Fax Number : (954)368-7402

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO. CONCEP CARE AGENCY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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ARTICLES OF ORGANIZATION FOR FLORIDALIMETED LIABILITY COMPANY

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The name of the Limited Liability Company is:

CONCEP CARE AGENCY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
7924 Hardwick Dr 617	7924 Hardwick Dr 617
New Port Richev Fl 34653	New Port Richev FL 34653

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:

GLOBAL SUCCE	SS INVESTMENTS L	LC
	Name	**
12555 Orange Dr S	uite 265	
Florida street addre	ess (P.O. Box <u>NOT</u> acc	reptable)
Davie	Florida	33330
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MMBR	HENRY S CONCEPCION 7924 Hardwick DR 617 New Port Richev Ft 34653		
-			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must I the date of filing.) Note: If the date inserted in this block does the document's effective date on the Departure.	ne specific and cannot be more than five not meet the applicable statutory filing r	e business days prior to or 90 d	•
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Hanrif & Omcepion		23 MAR 13
This document is e. I am aware that any	a member or an authorized representa xecuted in accordance with section 605.0 false information submitted in a docume egree felony as provided for in s.817.155	0203 (1) (b), Florida Statiges. Ent to the Department of State	RIS PH

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

HENRY S CONCEPCION

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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