

CORPORATION INFORMATION  
SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-0191 FAX

**csc networks**

800-342-8086

95 JAN 12 AM 11:47

DIVISION OF CORPORATION

MAIL TO:  
P.O. Box 5028  
TALLAHASSEE, FL 32314

ACCOUNT NO. : 0721000000032

REFERENCE : *32 P. 64. TALLAHASSEE*

AUTHORIZATION :

COST LIMIT : \$ 205.00

ORDER DATE : January 12, 1995

ORDER TIME : 9:57 AM

ORDER NO. : 524264

CUSTOMER NO: 11475A

CUSTOMER: Irving I. Lehnick, Esq  
HARNETT & LESNICK, P.A.

Suite 201  
7251 West Palmetto Park Road  
Boca Raton, FL 33433

DOMESTIC FILING

*L95000000026*

NAME: COST CARE L.C.

☒ ARTICLES OF ORGANIZATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea Hamilton

EXAMINER'S INITIALS:

FILED  
95 JAN 12 11:34  
TALLAHASSEE, FL

*Don*  
*1 12 15*

ARTICLES OF ORGANIZATION

OF

COST CARE L.C.

FILED  
95 JAN 12 11:34

ARTICLE I -- Name. The name of the Limited Liability Company is:  
Cost Caro L.C.

ARTICLE II -- Address. The mailing address and street address of  
the principal office of the Limited Liability Company is:

7901 S.W. 36th Street, Suite 100  
Davie, FL 33328

ARTICLE III -- Duration. The period of duration for the Limited  
Liability Company shall be until December 31, 2015.

ARTICLE IV -- Purpose. The Limited Liability Company is organized  
to engage in any business in which it may lawfully engage.

ARTICLE V -- Management. The Limited Liability Company is to be  
managed by its members, who shall act by the written action of a  
majority in interest of the members.

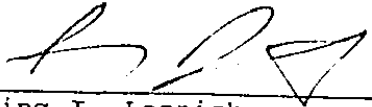
ARTICLE VI -- Agent for Process. The street address of the initial  
registered office of this Limited Liability Company is 7251 West  
Palmetto Park Road, Boca Raton, Florida 33433 and the name of the  
initial registered agent of this Limited Liability Company at that  
address is:

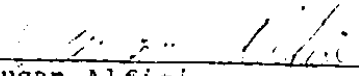
Irving I. Lesnick  
Harnett Lesnick Ripps & Kahn P.A.  
7251 West Palmetto Park Road  
Boca Raton, Florida 33433

ARTICLE VII -- Initial Members. The initial members of the Limited  
Liability Company are

Irving I. Lesnick and Susan Alfisi  
c/o Harnett Lesnick Ripps & Kahn P.A.  
7251 West Palmetto Park Road  
Boca Raton, Florida 33433

Dated: Boca Raton, Florida,  
January 11, 1995

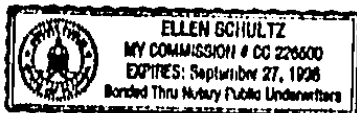
  
Irving I. Lesnick

  
Susan Alfisi

STATE OF FLORIDA )  
COUNTY OF PLAM BEACH)

I HEREDY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Irving I. Lesnick and Susan Alfisi, each of whom is personally known to me and known to be one of the individuals described in and who executed the foregoing instrument, and they each acknowledged to me that he and she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 11th day of January, 1995.



*Ellen Schultz*  
Notary Public

My Commission Expires:

STATE OF FLORIDA )  
COUNTY OF PLAM BEACH)

#### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of Cost Care L.P. deposes and says:

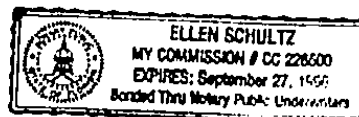
- 1) The above named limited liability company has at least two members;
- 2) The total amount of cash contribution by the members is \$2,000.00;
- 3) No property other than cash is to be contributed by members; and
- 4) The total amount of cash or property anticipated to be contributed by members is \$2,000.00.

*Irving I. Lesnick*  
Signature of a member of the Limited Liability Company

IRVING I. LESNICK


Sworn to before me  
the 11th day of January, 1995

*Ellen Schultz*  
Notary Public  
My Commission Expires:



Having been named to accept service of process for the above-named Limited Liability Company at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

January 11, 1995

  
Irving I. Losnick, Registered Agent

FILED  
95 JAN 12 PM 1:34  
FBI - NEW YORK

**2nd NOTICE:**

Limited Liability Company Will Be Dissolved On Or  
After August 21, 1998, If Dissolved, Minimum Amount  
Due To Reinstatement: \$730.75

APPROVED  
AND  
FILED

55 AUG -8 PM 12:01  
CLERK OF COURT  
JULIA ASSOCIATES, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILING FEE \$ 263.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE
-------------------------	---

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT # L95000000026**

COST CARE L.C.  
7901 S.W. 36TH ST.  
~~SUITE 100~~  
DAVIE FL 33328

1a. Principal Place of Business Address  
7901 S.W. 36TH ST.  
SUITE 100  
DAVIE FL 33328

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business 600 Courtland St. Suite, Apt. #, etc.	2a. Mailing Address Pioneer Life 600 Courtland St. Suite, Apt. #, etc.	3. Date Organized or Qualified 01/12/1995	3a. State of Formation FL
City & State ORLANDO FL	City & State ORLANDO FL	4. FET Number 65-0555446	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32804	Country USA	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent  
LESNICK, IRVING I  
HARNETT LESNICK RIPPS & KAHN P.A.  
7251 WEST PALMETTO PARK RD.  
BOCA RATON FL 33433

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL  
Zip Code

9. Pursuant to the provisions of Sections 608.410 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (If 1011, Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MCPM	LESNICK, IRVING I	7251 WEST PALMETTO PARK	BOCA RATON FL
MGRM	ALFISI, SUSAN	7251 WEST PALMETTO PARK	BOCA RATON FL
MGR	TEPPER, Edward	600 Courtland St	Orlando FL

11. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND FETED (PRINTED NAME) OF SECRETARY, MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

L95000000026



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 418078 4332405

AUTHORIZATION : Patricia Fyfe

COST LIMIT : \$ ~~35.00~~ 52.50

ORDER DATE : June 5, 1997

ORDER TIME : 2:27 PM

ORDER NO. : 418078-005

CUSTOMER NO: 4332405

CUSTOMER: Irving I. Lesnick, Esq  
Harnett Lesnick & Ripps, P.a.  
Suite 500  
150 E. Palmetto Park Road  
Boca Raton, FL 33432

DOMESTIC FILINGS

NAME: COST CARE L.C.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tonya C. Holliday

EXAMINER'S INITIALS:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 JUN -5 PM 4:14

FILED

DIVISION OF CORPORATION

97 JUN -5 PM 3:37

RECEIVED

6/6  
Diss.  
JUN 6 1997

ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY

FILED

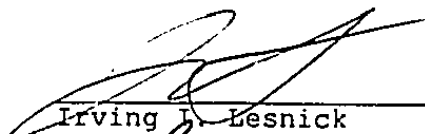
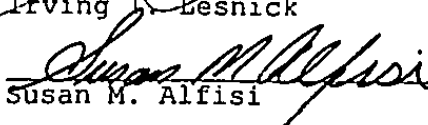
97 JUN -5 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is: Cost Care L.C.
2. The limited liability company's is dissolved, effective immediately.
3. The limited liability company's dissolution has been authorized by all of its members.
4. All debts, obligations and liabilities of the liability company have been paid or discharged.
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
6. There are no suits pending against the company in any court.

Signatures of all members:

Signature:

  
Irving L. Lesnick  
  
Susan M. Alfisi