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	(City/State/Zip/Phone #)
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	(Business Entity Name)
1	(Document Number)
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SECRETARY OF STATE

ALL ARRESES E FRANCE

CT CORPORATION

October 25, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order

Order #: 5709050 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Matrix II, L.L.C. (DE)

Registration

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 OZ OCT 25 PM 1: 3(
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

off to Chart

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	MATRIX II, L.L.C.	
٠.	(Name of foreign limited liability company)	
^	Delaware 3, 80-0033226	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	December 14, 2001 (Date of Organization) 5. Perpotual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	February 11, 2002	
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.)	
7.	8000 N. Federal Hwy, Suite 201	_
	Bosa Raton, FL 33487	
		-
8.	If limited liability company is a manager-managed company, check here	
9.	The usual business addresses of the managing members or managers are as follows:	ED
	8000 N. Federal Hwy, Suite 201	
	Buca Raton, FL 33487	
	•	
		-
he	l. Attached is an original cattificate of existence, no more than 90 days old, duly authenticated by the official having custody of a cyristication under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)	
1	. Nature of business or purposes to be conducted or promoted in Florida:	_
	Holding company for home healthcare and health services companies.	_•
	apple Elh	
	Signature of a member or an authorized representative of a member. (In accordance with section 606,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of purjury that the facts stated berein are true.)	
	ROBERT N. ELKINS	
	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

name and the Florida street a	ddress of the registered	agent and office a	re:
C T CORPORATION SYSTEM	[
	(Name)		
			AR E
1200 SOUTH PINE ISLAND	ROAD	•	TAR MSS
Florida st	treet address (P.O. Box NO	T ACCEPTABLE)	<u>_</u>
			구S 표
PLANTATION	FL	33324	TAITE ORBO
	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 608, F.S..

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
\$ 100.00 Filing Fee 1

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MATRIX II, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE:

O2 OCT 25 PM 1:30
SECRETARY OF STATE
TALLAHASSEF ELOPERA



Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2054379

020660802

3469079 8300

DATE: 10-25-02