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EXAMINER

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09-14-09

NAME:

MYER COMPANION CARE, LLC

TYPE OF FILING: ARTICLES OF ORGANZIATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

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

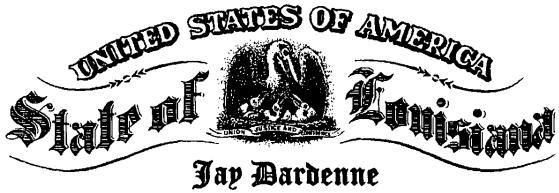
IN COMPLANCE 1971H SECTION COSSUS FLORIDA STATUTES, THE FOLLOWING IS SUBARTITED TO RECISTER A FORESCIA. INSTITUTES THE FOLLOWING IS SUBARTITED TO RECISTER A FORESCIA.

D	NITHEFT ABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
!	Myer Companion Care, LLC (Name of Foreign Limited Liability Company, must include "Liability Company," "LLC" or "LLC")
Ωı	name unavailable, oner alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the unangers of managing members adopting the alternate name. The alternate name must include "Limited Unibility impany," "L.I. C." "LLC.")
2 _	Louisiana 3 27-0893438
	Junsdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1.	September 4, 2009 5 Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
).	N/A
	(Date this transported business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	4626 Jamestown Avenue, Ste. 5
	Baton Rouge, Louisiana 70808
	(Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here
,	The name and usual business addresses of the managing members or managers are as follows:
	Robert Myer, 4626 Jamestown Avenue, Ste. 6, Baton Rouge, Louisiana 70808 Member
	Nobel Myst, 4020 Jamestown Avenue, Sig. 0, Balon Rouge, Louisigns, 70000 - Member
	Viet
	Attached is an original conflicate of existence, no mule than (9) days old, duly authenticated by the official having custorty of records in
	urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a shrift of the certificate tasker onto of the translator must be submitted.)
_	
١.	Nature of business or purposes to be conducted or promoted in Florida.
_	non-medical, in-home social services
	The 5 Toby
	Signature of a member or an authorized representative of a member
	this accordance with section (318,408(3), 1.8), the execution of this document constitutes an attinuation under the penalties of pagery that the facts stated herein are frue.)
	Robert Myer, Member
	Typod or printed name of signer

## 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.

1. The lighte o	i me Emilied Ciaotiity (	,omț	July 15.	•				
Myer Compa	anion Care, LLC							
If unavailable,	the alternate to be used	in th	e state of Florida is	tt v				
2. The name ar	nd the Florida street add	ress	of the registered ag	gent and office are	B:			
	Liz Sullivan							
			(Name)					
	327 Office Plaza Drive Ste. 105							
Florida Street Address (P.O. Box NOT ACCEPTABLE)								
	Tallahassee		F1.	32301				
			City/State/Zip					
liability compan agent and agree relating to the pi	med as registered agent by at the place designated to act in this capacity. It roper and complete perfo y position as registered of (Signature)	l in d furti orma	his certificate, I here her agree to comply nce of my duties, ar	eby accept the app with the provision of I am familiar w	pointment as registered His of all statutes ith and accept the			
Liz Sunive			Priz Ya. Can A					
•	\$ 100 \$ 25	5.00	Filing Fee for A Designation of I	ppneamon Registered Agent				
		00.0	Certified Copy (	optional)				
	\$ 5	5.00	Certificate of Sta	atus (optional)				



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that
MYER COMPANION CARE, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on September 04, 2009,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 11, 2009

Certific To valid

Certificate ID: 10002275#WAE40

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Secretary of State

Web GSC