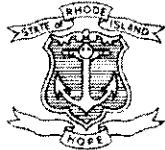


Filing Fee: \$150.00



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

**GEO CARE, LLC**

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of **Florida**

4. The date of its organization is **04/24/1997**

5. The period of duration of the limited liability company is (if perpetual, so state) **Perpetual**

6. The address of the limited liability company's resident agent in Rhode Island is:

**7 Eva Lane** **Cranston**, RI **02921**  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is **Corporate Creations Network Inc.**

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

9. The mailing address for the limited liability company is:

**621 N.W. 53 Street, Suite 700**

**Boca Raton, FL 33487**

**FILED**

**FEB 14 2013**

**BY**

**196001**

**1:49**

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

| <u>Manager</u> | <u>Address</u>                                     |
|----------------|--|
| George Zoley   | 621 N.W. 53 Street, Suite 700 Boca Raton, FL 33487 |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

\_\_\_\_\_  
(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 02/07/2013

GEO CARE, LLC

Print Exact Name of Limited Liability Company Making Application

By Kristine Roy

Signature of Authorized Person

Kristine Roy, Attorney-in-Fact

### Limited Power of Attorney

The undersigned officer of GEO CARE, LLC a Florida entity ("the Company"), appoints Kristine Roy and Valerie Hawk-Donohue as attorney-in-facts for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Angela Martin, Special Manager grants to the attorney-in-facts the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, withdraw, dissolve, reinstate or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 5th day of February 2013.

GEO CARE, LLC

By: 


Name: Angela Martin

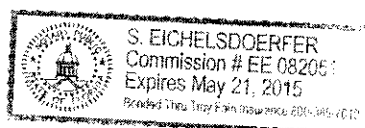
Title: Special Manager

STATE OF Florida


COUNTY OF Palm Beach

Subscribed and sworn to before me this 5th day of February 2013.

  
Notary Public



# State of Florida



Department of State

I certify from the records of this office that GEO CARE, LLC, is a limited liability company organized under the laws of the State of Florida, filed on December 26, 2012, effective April 24, 1997.

The document number of this company is L12000161040.

I further certify that said company has paid all fees due this office through December 31, 2013, that its most recent annual report was filed on January 9, 2013, and its status is active.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Fourteenth day of January, 2013



CR2EO22 (1-11)

*Ken Detzner*  
Ken Detzner  
Secretary of State



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

*Secretary of State*

