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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: admin@genesishealthusa.com

FLORIDA LIMITED LIABILITY CO.
Genesis Health USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Genesis Health USA LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4834 NW 2nd Ave #3036
Boca Raton, FL 33431

4834 NW 2nd Ave #3036
Boca Raton, FL 33431

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:

Elazar Silberstein

Name

4834 NW 2nd Ave #3036

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

33431

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.

/s/ Elazar Silberstein

Registered Agent's Signature (REQUIRED)

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