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Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.  
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LIMITED LIABILITY COMPANY

Twin Oaks of Pennsylvania, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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TWIN OAKS OF PENNSYLVANIA, LLC

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ARTICLES OF ORGANIZATION  
OF  
TWIN OAKS OF PENNSYLVANIA, LLC  
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is TWIN OAKS OF PENNSYLVANIA, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 2634 Sophia Court, Green Cove Springs, Florida 32043.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAJ Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

The undersigned has executed these Articles of Organization on the 28th day of February, 2005.

By: Mike Williamson  
Mike Williamson, Authorized Representative

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SECRETARY STATE  
TALLAHASSEE, FLORIDA  
F-71.1 (FR)

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**CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: TWIN OAKS OF PENNSYLVANIA, LLC
- 2. The name and address of the registered agent and office is:

NRAI Services, Inc.  
 2731 Executive Park Drive, Suite 4  
 Weston, Florida 33331

*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 its 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.*



NRAI Services, Inc., Registered Agent

Date: 2-28-05

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 SECRETARY OF STATE

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