

L13000064675

Cecilia S. Brown  
- 190 S.W. Derek Glen  
- Lake City, FL, 32024

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

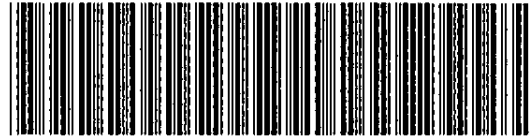
(Business Entity Name)

(Document Number)

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2013 APR 29 AM 8:22  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

J. SAULSBERRY  
EXAMINER  
MAY 2 2013

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Quiet Whisper Assisted Living Facility LLC  
(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "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:**

190 S.W Derek Glen  
Lake City, FL, 32024

190 S.W Derek Glen  
Lake City, FL, 32024

**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:

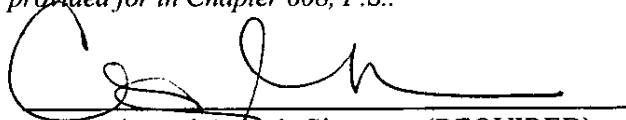
Cecilia S. Brown  
Name

190 S.W Derek Glen  
Florida street address (P.O. Box **NOT** acceptable)

Lake City FL 32024  
City, State, and Zip

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OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

~~owner~~ (manager)  
member

Cecilia S. Brawn

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cecilia S. Brawn

Typed or printed name of signee

2019 APR 29 AM 8:22  
FILED  
STATE DEPT OF STATE  
FALLAHS SCH. FT GORWA

L13 - 64675

Attention: Ms. Nanette Causseaux

Here's the information that you told me to send on our conversation on 4/30/14. My document # L130000646 Quiet Whisper Assisted Living Facility LLC Please send me an update copy with my last name changed to my maiden name. From Brown to Davis. Thanks so very much.

C. J. Davis  
4/30/14.

up 5/10/14

Keep this stub with your personal records. The other side contains important information.

Please note: The date we issued this card is shown below the signature line.



CECILIA SHE' LON DAVIS  
190 SW DEREK GLN  
LAKE CITY FL 32024-3770

## YOUR SOCIAL SECURITY CARD

**ADULTS:** Sign this card in ink immediately.  
**CHILDREN:** Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.  
**DO NOT CARRY THIS CARD WITH YOU.**  
Do not laminate.

