Page 2 of 4 ivision of Corporations

Resubmission, please keep file date of 09/23/2019

Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000285061 3)))



H190002850613ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

FLORIDA LIMITED LIABILITY CO. CWD MIDNIGHT PASS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SEI

C

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

CWD MIDNIGHT PASS, LLC

The undersigned certifies that we have associated ourselves together for the purposes becoming a limited liability company under the laws of the State of Florida, providing for a formation, rights, privileges, and immunities of limited liability companies for profit. We furth declare that the following Articles shall serve as the Charter and authority for the conduct business of the limited liability company.

<u>ARTICLE I</u>

NAME OF BUSINESS

The name of the limited liability company shall be CWD MIDNIGHT PASS, LLC.

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The street address of the principal office of the company is: 8735 Midnight Pass Ros Sarasota, Florida 34242, and mailing address of the company is 8735 Midnight Pass Road, Saraso Florida 34242, in the County of Sarasota, State of Florida, but it shall have the power of authority establish branch offices at any other place or places as the members may designate.

ARTICLE III

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the initial registered agent of the limited liability company Daniel J. Booth, 8735 Midnight Pass Road, Sarasota, Florida 34242, in the County of Saraso State of 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 605, F.S.

Registered Agent

Typed Name: Daniel J. Booth

ARTICLE IV

MANAGEMENT

The name and address, including e-mail address, of each person authorized to manage at control the Limited Liability Company is:

Title:

Name and Address:

MGR

Daniel J. Booth

8735 Midnight Pass Road Sarasota, Florida 34242

Email Address: DBooth@omegahealthcare.com

ARTICLE V

EFFECTIVE DATE

The effective date shall be the date of filing.

ARTICLE VI

OTHER PROVISIONS

In addition to the powers authorized by the laws of the State of Florida for limited liabili companies, the general nature of the business or businesses to be transacted, and which the limit liability company is authorized to transact, shall be to engage in any activity or business authorize under the Florida statutes, and as further defined in the Company's Operating Agreement.

The undersigned, being an authorized representative, or member, of the limited liabili company, certifies that this instrument constitutes the Articles of Organization (CWD MIDNIGHT PASS, LLC.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.

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 section 817.155, Florida Statutes.

Executed by the undersigned on the 23 day of __

Authorized Representative or Member

Typed Name: Daniel J. Booth

IAM:CMB/20332-1/Formation Documents/Articles of Organization - CWD Midnight Pass, LLC